

Because we know that there is more to finding the “perfect fit” than matching a job description to a resume

StaffRehab Core Values

1. **Honesty and Integrity**
2. **Most Responsive**
3. **Constant Sense of Urgency**
4. **Most Talented in-house employees**
5. **Pride in ourselves and Passion about StaffRehab**
6. **Positive Attitude and Strong Work Ethic**
7. **Value our employees and Invest in their future**
8. **Achieve client’s business Objectives and Build client Relationships**
9. **Everybody Sells to offer a value proposition**
10. **Personal Accountability through a Goal-Oriented environment**



APPLICATION Therapy Professionals

Check one: PT OTR PTA COTA SLP

Personal Information

SSN Last Name First Name Middle Initial

Current Address: Street City State Zip

Contact Information: Home Phone Mobile/Pager Email Address

Emergency Contact Information: Name Phone Number Relationship

Educational and Professional Information

Therapy School/Training Dates Attended From: To:

Degree(s) Earned: AA _____ BS _____ Masters _____
(Check all that apply) Other _____

Specialty or Research Subjects

Residency(ies) Completion Date

Certification(s) Completion Date

Therapy Licensure(s): List all ACTIVE State License(s) List all INACTIVE State License(s)

Disciplinary action taken on your License: No Action Probation Suspension
(Check all that apply) Reprimand

Please provide an explanation of when and why action was taken:

Have you ever been convicted of a felony? No Yes (if Yes, when) _____

Have you ever been convicted of a felony that would prohibit your employment at a health care facility? No Yes

If Yes, please provide an explanation:

Are you currently employed? No Yes

Do you have physical or mental conditions that would inhibit or restrict your ability to perform the essential functions of your job? No Yes

If Yes, please provide an explanation:

Do you have one year of therapy experience in the past two years? No Yes

I would like to be considered for travel positions with StaffRehab in the following cities/locations:

I would like to be considered for permanent/local positions with StaffRehab in the following cities/locations:

Application for Therapy Professionals (continued)

Employment and Professional Reference Information

1.

Employer Name _____ Dates Employed From: _____ To: _____

Employer Address: Street City State Zip Email

Phone Number Position Salary Setting

Reason for Leaving Supervisor/Manager Title Phone

2.

Employer Name _____ Dates Employed From: _____ To: _____

Employer Address: Street City State Zip Email

Phone Number Position Salary Setting

Reason for Leaving Supervisor/Manager Title Phone

3.

Employer Name _____ Dates Employed From: _____ To: _____

Employer Address: Street City State Zip Email

Phone Number Position Salary Setting

Reason for Leaving Supervisor/Manager Title Phone

Do you need any special workplace accommodations to perform the essential functions of your job? No Yes (If yes, please describe accommodations needed)

I certify that the facts contained on this application are true and complete to the best of my knowledge and understand that, if contracted, falsified statements on this application can be grounds for dismissal. I give permission to release information to StaffRehab.

I agree that any information on this form, or that I have otherwise disclosed to StaffRehab, may be disclosed by StaffRehab to clients for which I may be assigned to work by StaffRehab.

Signature _____

Date _____



Applicant Information (Please Print)

Applicant Name: (First Middle Last)	Current Address: (Street Address)
Other Name(s) Used: (like Maiden)	City: State: Zip:
Gender:* <input type="checkbox"/> Male <input type="checkbox"/> Female	Former Address: (1)
Social Security No.:	City: State: Zip:
Driver's License No.: State:	Former Address: (2)
Date of Birth: *Place of Birth: (City, State, Country)	City: State: Zip:

**This information will be used for purposes of background screening only and will not be used in making any employment decisions.*

Have you ever been convicted of a crime? NO YES

If YES, please list: _____

NOTICE AND ACKNOWLEDGMENT

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]
 NOTICE REGARDING BACKGROUND INVESTIGATION

Employer ("the Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates, including motor vehicle record (or "driving record") checks, workers compensation records, credit bureau files, employment references, personal references, drug screening, any educational and licensing institution or military branch and to receive any criminal record information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency in California or any other State. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Sterling Info Systems or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing Employer to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by [the consumer reporting agency], another outside organization acting on behalf of Employer, and/or Employer itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

I hereby authorize StaffRehab to investigate my background, inclusive of criminal records and verify this information. I also authorize StaffRehab to release the information contained herein and its findings and work history of employment to other firms or persons upon request.

APPLICANT:

Signature _____ Date _____