



*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 **S**ense of **U**rgency*
4. *Most **T**alented in-house employees*
5. ***P**ride in ourselves and **P**assion about StaffRehab*
6. ***P**ositive **A**ttitude and **S**trong **W**ork **E**thic*
7. ***V**alue our employees and **I**ntest in their future*
8. ***A**chieve client’s business **O**bjectives and **B**uild client **R**elationships*
9. ***E**verybody **S**ells to offer a value proposition*
10. ***P**ersonal **A**ccountability through a **G**oal-**O**riented environment*



# APPLICATION Therapy Professionals

Check one:  PT/PTA  OTR/COTA  SLP/SLPA  
 RN or LVN  School Psych  SPED Teacher

## Personal Information

\_\_\_\_\_  
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 or school?  No  Yes

If Yes, please provide an explanation:

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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:

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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:

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

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**Application for Therapy Professionals (continued)**

**Employment and Professional Reference Information**

1.

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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	

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2.

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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	

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3.

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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	

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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

