



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

Check one: PT/PTA OT/COTA SLP/SLPA
 RN/LVN/LPN School Psych SPED Teacher
 Social Worker Other_____

Personal Information

Last Name First Name Middle Initial

Current Address: Street City State Zip

Contact Information: Home Phone Mobile Phone Email Address

Emergency Contact Information: Name Phone Number Relationship

Educational and Professional Information

School/Training Degree(s) Earned: AA _____ BS _____ Masters _____
(Check all that apply) Dates Attended From: To:
 Other_____

Specialty or Research Subjects

Residency(ies) Completion Date

Certification(s) Completion Date

State 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:

Do you have one year of related therapy and/or school 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 (continued)

Employment and Professional Reference Information

1.

Employer Name _____ Dates Employed From: _____ To: _____

Employer Address: Street _____ City _____ State _____ Zip _____ Email _____

Phone Number _____ Position _____ 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 _____ 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 _____ 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