



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

StaffRehab Core Values

Transparency:

By setting the expectation of open and honest communication, we build stronger relationships with our clients & candidates.

Community:

We collaborate with our communities to strengthen the foundation of support for the populations we serve.

Integrity:

Knowing and doing what is right.

Excellence:

We commit ourselves to a promise of continuous improvement, to be the best in technology, support, staffing and overall experience.

Professionalism:

Acting with exceptional competence and urgency, to better serve our clients & candidates.

Passion:

With intense enthusiasm, we believe in our clients & candidates and the positive change they make in students' lives.





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
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Current Address:	Street	City	State	Zip
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Contact Information:	Home Phone	Mobile Phone	Email Address
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Emergency Contact Information:	Name	Phone Number	Relationship
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Educational and Professional Information

School/Training	Dates Attended From:	To:	
Degree(s) Earned: (Check all that apply)	<input type="checkbox"/> AA _____	<input type="checkbox"/> BS _____	<input type="checkbox"/> Masters _____
	<input type="checkbox"/> Other _____		

Specialty or Research Subjects

Residency(ies)	Completion Date
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Certification(s)	Completion Date
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State Licensure(s): List all ACTIVE State License(s)	List all INACTIVE State License(s)
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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