



Your Partner in Staffing™

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# Employment Application

## Your Personal Information

Name \_\_\_\_\_ Date available \_\_\_\_\_  
First Last Middle Initial

Nickname \_\_\_\_\_ Social Security # \_\_\_\_\_

Current Mailing Address / / \_\_\_\_\_  
Good Until Street Apt. #

\_\_\_\_\_ City State/Province Zip Country

Current Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

Permanent Address \_\_\_\_\_  
Street Apt. #

\_\_\_\_\_ City State/Province Zip Country

Permanent Phone ( ) \_\_\_\_\_ Are you eligible for employment in the U.S.?  Yes  No

In Case of Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Address \_\_\_\_\_  
Street Apt. #

\_\_\_\_\_ City State/Province Zip Country

Were you referred by anyone? If so, who? \_\_\_\_\_

Geographic Preference 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

## Professional Credentials

**Rehabilitation Professionals Only:**

Current License(s) \_\_\_\_\_

RPT     PTA     OTR     COTA     SLP/CCC     SLP/CF     SLP/BA

Professional Certification/Registration #: \_\_\_\_\_

What month and year did you pass certification/CCCs/registration exams?

Month \_\_\_\_\_ Year \_\_\_\_\_ Certification #: \_\_\_\_\_

## Education

**SCHOOL/EDUCATIONAL PROGRAM:** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

**COLLEGE/UNIVERSITY:** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Degree Earned \_\_\_\_\_

**COLLEGE/UNIVERSITY:** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Degree Earned \_\_\_\_\_

## Legal Questions

1. Have you ever been convicted of a crime or pled guilty or no contest (nolo contendere) to any criminal charge?

Yes  No *If yes, please indicate dates, conviction, final outcome and attach a separate sheet with full particulars.*

Date \_\_\_\_\_ Conviction \_\_\_\_\_  
Outcome \_\_\_\_\_

2. Are you aware of any circumstances, which may result in a malpractice claim or suit being made or brought against you?

Yes  No *If yes, please indicate dates, circumstances and attach a separate sheet with full particulars.*

Date \_\_\_\_\_ Circumstances \_\_\_\_\_  
Outcome \_\_\_\_\_

3. Has any malpractice claim or suit ever been brought against you?

Yes  No *If yes, please provide detail of the suit and its current status and attach a separate sheet with full particulars.*

Date \_\_\_\_\_ Circumstances \_\_\_\_\_  
Outcome \_\_\_\_\_

4. Have you ever been the subject of a reprimand or disciplinary action or refused employment or admission to a professional society or had professional privileges suspended by any court or administrative agency or ever been the subject of any ethics investigation at local, state or national level?

Yes  No *If yes, please indicate dates, circumstances, final outcome and attach a separate sheet with full particulars.*

Date \_\_\_\_\_ Circumstances \_\_\_\_\_  
Outcome \_\_\_\_\_

### Current Employment:

Are you currently employed?  Yes  No

Facility \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Dates employed \_\_\_\_\_ - \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Position Held \_\_\_\_\_

Unit Specialty (If applicable) \_\_\_\_\_

Part Time (Hours per week? \_\_\_\_\_)  Full Time

Patient Caseload \_\_\_\_\_

Charge Experience:  Yes (How often? \_\_\_\_\_)  No

Supervisor \_\_\_\_\_

Phone ( ) \_\_\_\_\_ ext. \_\_\_\_\_

Is this a travel assignment?  Yes  No

If so, what travel company? \_\_\_\_\_

May we contact your current employer?  Yes  No

### Previous Employment:

Facility \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Dates employed \_\_\_\_\_ - \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Position Held \_\_\_\_\_

Unit Specialty (If applicable) \_\_\_\_\_

Part Time (Hours per week? \_\_\_\_\_)  Full Time

Patient Caseload \_\_\_\_\_

Charge Experience:  Yes (How often? \_\_\_\_\_)  No

Supervisor \_\_\_\_\_

Phone ( ) \_\_\_\_\_ ext. \_\_\_\_\_

Is this a travel assignment?  Yes  No

If so, what travel company? \_\_\_\_\_

The statements made in this application are true to the best of my knowledge. I understand that any falsification will be the basis for disqualification of employment or termination of services. I authorize Healthcare Direct Staffing to verify the information I have provided and to contact past employers and references concerning my ability, character and employment records. I release all such persons from liability for furnishing said information. I authorize HDS, Inc., an affiliate of Healthcare Therapy Services, Inc. and my employer, to release a copy of this employment application and any medical information which may be relevant to my employment to their client facilities. By applying to Healthcare Direct Staffing, I authorize release of this information to all other affiliates of the Company and I acknowledge and agree that they may contact me using facsimile or any other means. Nothing contained in this employment application, or in the granting of an interview, is intended to create an employment contract between HDS and the applicant for either employment or for providing of any benefit. All offers of employment are made conditional upon the applicant's proving employment authorization and identity in accordance with the Immigration Reform and Control Act of 1986.

X  
Signature \_\_\_\_\_

Date \_\_\_\_\_

**Previous Employment**

Name \_\_\_\_\_

Please complete all information for each facility. If any of the employers listed below are day agencies, please provide the name of the agency as well as the name of the facility where you provided per diem care (i.e., list each hospital you worked at separately and include the agency name as well).

Previous Employment:	
Facility _____ City _____ State/Province _____ Dates employed _____ - _____ Reason for leaving? _____ Position Held _____ Unit Specialty (If applicable) _____ <input type="radio"/> Part Time (Hours per week? _____) <input type="radio"/> Full Time Patient Caseload _____ Charge Experience: <input type="radio"/> Yes (How often? _____) <input type="radio"/> No Supervisor _____ Phone (     ) _____ ext. _____ Is this a travel assignment? <input type="radio"/> Yes <input type="radio"/> No If so, what travel company? _____	Facility _____ City _____ State/Province _____ Dates employed _____ - _____ Reason for leaving? _____ Position Held _____ Unit Specialty (If applicable) _____ <input type="radio"/> Part Time (Hours per week? _____) <input type="radio"/> Full Time Patient Caseload _____ Charge Experience: <input type="radio"/> Yes (How often? _____) <input type="radio"/> No Supervisor _____ Phone (     ) _____ ext. _____ Is this a travel assignment? <input type="radio"/> Yes <input type="radio"/> No If so, what travel company? _____
Facility _____ City _____ State/Province _____ Dates employed _____ - _____ Reason for leaving? _____ Position Held _____ Unit Specialty (If applicable) _____ <input type="radio"/> Part Time (Hours per week? _____) <input type="radio"/> Full Time Patient Caseload _____ Charge Experience: <input type="radio"/> Yes (How often? _____) <input type="radio"/> No Supervisor _____ Phone (     ) _____ ext. _____ Is this a travel assignment? <input type="radio"/> Yes <input type="radio"/> No If so, what travel company? _____	Facility _____ City _____ State/Province _____ Dates employed _____ - _____ Reason for leaving? _____ Position Held _____ Unit Specialty (If applicable) _____ <input type="radio"/> Part Time (Hours per week? _____) <input type="radio"/> Full Time Patient Caseload _____ Charge Experience: <input type="radio"/> Yes (How often? _____) <input type="radio"/> No Supervisor _____ Phone (     ) _____ ext. _____ Is this a travel assignment? <input type="radio"/> Yes <input type="radio"/> No If so, what travel company? _____

**Previous Employment**  
*Continued*

**Previous Employment:**

Facility \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Dates employed \_\_\_\_\_ - \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Position Held \_\_\_\_\_

Unit Specialty (If applicable) \_\_\_\_\_

Part Time (Hours per week? \_\_\_\_\_)  Full Time

Patient Caseload \_\_\_\_\_

Charge Experience:  Yes (How often? \_\_\_\_\_)  No

Supervisor \_\_\_\_\_

Phone ( ) \_\_\_\_\_ ext. \_\_\_\_\_

Is this a travel assignment?  Yes  No

If so, what travel company? \_\_\_\_\_

Facility \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Dates employed \_\_\_\_\_ - \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Position Held \_\_\_\_\_

Unit Specialty (If applicable) \_\_\_\_\_

Part Time (Hours per week? \_\_\_\_\_)  Full Time

Patient Caseload \_\_\_\_\_

Charge Experience:  Yes (How often? \_\_\_\_\_)  No

Supervisor \_\_\_\_\_

Phone ( ) \_\_\_\_\_ ext. \_\_\_\_\_

Is this a travel assignment?  Yes  No

If so, what travel company? \_\_\_\_\_

Facility \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Dates employed \_\_\_\_\_ - \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Position Held \_\_\_\_\_

Unit Specialty (If applicable) \_\_\_\_\_

Part Time (Hours per week? \_\_\_\_\_)  Full Time

Patient Caseload \_\_\_\_\_

Charge Experience:  Yes (How often? \_\_\_\_\_)  No

Supervisor \_\_\_\_\_

Phone ( ) \_\_\_\_\_ ext. \_\_\_\_\_

Is this a travel assignment?  Yes  No

If so, what travel company? \_\_\_\_\_

Facility \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Dates employed \_\_\_\_\_ - \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Position Held \_\_\_\_\_

Unit Specialty (If applicable) \_\_\_\_\_

Part Time (Hours per week? \_\_\_\_\_)  Full Time

Patient Caseload \_\_\_\_\_

Charge Experience:  Yes (How often? \_\_\_\_\_)  No

Supervisor \_\_\_\_\_

Phone ( ) \_\_\_\_\_ ext. \_\_\_\_\_

Is this a travel assignment?  Yes  No

If so, what travel company? \_\_\_\_\_