



26 Pittsburgh Circle, Ellwood City, PA 16117
 120A South Broad Street, Grove City PA 16127
 2656 Wilmington Road, New Castle, PA 16105
 724-752-1551

For Official Use Only

Date Received: _____

Reviewed by: _____

Comments:

TITLE OF POSITION: _____

Treehouse Speech and Rehabilitation, LLC provides equal work opportunities to all qualified persons, and does not unlawfully discriminate against any person on the basis of race, color, creed, religion, sex, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

- Complete **all** items on the application, even if the information is included on your resume or other documents submitted by you.
- Sign and date your application.
- Type or print all requested information.
- If necessary, attach additional 8 ½ " x 11" sheets of paper to this application.
- Submit your completed application to: Grow@TreehouseSpeech.net

Personal Information

1. Legal Name (Last, First Middle)	4. Social Security # -- --	7. Driver's License (State/No.)
2. Address (Street, City, State, Zip Code)	5. Telephone Number () -	8. Alternate Telephone () -
3. Date of Birth:	6. Email Address:	
7. Birth City/Birth Country:	8. Other Names (e.g. Maiden)/ Other Name End Date:	
Emergency Contact Name and Phone #:		

General Information

Are you legally eligible for work in the U.S.A.? <i>(if yes, verification will be required)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever applied to or worked for Treehouse Speech before? If so, when?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If selected do you agree to submit to pre-employment drug screening?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever had your license voluntarily or involuntarily relinquished, denied, or suspended or have you ever been subject to fine, reprimand, or probation by any state or national licensing board? If yes, please explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Work Request

Wage Requested: \$ _____ / hour	What specific days and times are you available to work? M _____ - _____ T _____ - _____ W _____ - _____ TH _____ - _____ F _____ - _____ S _____ - _____
What is the earliest date you can begin work?	

Are you looking to work casual, part time, full time, part of a year, a full year?

How did you hear about this position? <input type="checkbox"/> Internet Post <input type="checkbox"/> Newspaper <input type="checkbox"/> Company Website <input type="checkbox"/> Other _____	Which location(s) do you prefer: <input type="checkbox"/> Any <input type="checkbox"/> Ellwood City <input type="checkbox"/> New Castle
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Employment History

**Please begin with most recent employment*

May we contact your current and past employers? Yes No Not Applicable

Employer: _____ Address: _____ _____ Supervisor: _____ Telephone: () _____ - _____	Dates of Employment: _____, _____ to _____, _____	Hourly pay or salary Start: Final:	Position: Duties:	Reason for Leaving:
Employer: _____ Address: _____ _____ Supervisor: _____ Telephone: () _____ - _____	Dates of Employment: _____, _____ to _____, _____	Hourly pay or salary Start: Final:	Position: Duties:	Reason for Leaving:
Employer: _____ Address: _____ _____ Supervisor: _____ Telephone: () _____ - _____	Dates of Employment: _____, _____ to _____, _____	Hourly pay or salary Start: Final:	Position: Duties:	Reason for Leaving:

Education

School	Name / Location	Course of Study	Start and End Dates (Month / Year)	Degree Obtained / GPA
High School/GED				
College/University				
Graduate School				

THERAPISTS ONLY - Supporting Information / Documents (may leave blank if unknown):

Professional PA State License #: Initial License Date: _____ Expiration Date: _____	National Certification #: Initial License Date: _____ Expiration Date: _____
Medicaid/TPIN # Medicare number PTAN:	Date of initial National Certification: Expires:
Are you registered with CAQH? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes please list CAQH #	NPI #

Administrative and Office Staff must include highlighted items:

Therapists must include all documents, clearances and credentials listed:

National Certification (ie., ASHA, NBCOT, NPTA...)

***Copy of Driver's license and Social Security Card**

PA State professional license (must be posted at our office)

Copies of most recent **CPR certificate**

Results of TB/ Mantoux testing

*** FBI Criminal Check under the dept. of education/school districts– Treehouse Speech's Service Code: 1KG756**
<https://www.dhs.pa.gov/KeepKidsSafe/Clearances/Pages/FBI-Fingerprinting.aspx>

*** PA Child Abuse Clearance -** <https://www.dhs.pa.gov/KeepKidsSafe/Clearances/Pages/PA-Child-Abuse-History-Clearance.aspx>

*** PA Criminal Check -** <https://www.dhs.pa.gov/KeepKidsSafe/Clearances/Pages/Criminal-Background-Check.aspx>

*** ACT 24 Arrest or Conviction Report -** http://www.bloomu.edu/documents/coe/Arrest_Conviction.pdf

Mandated Reporter Training Email certificate of completion www.reportabusepa.pitt.edu

ACT 168-Commonwealth of Pennsylvania Sexual Misconduct/Abuse Disclosure Release(s) Must be completed by every previous or current employer listed on your resume where you've had direct contact with children.

*** CLEARANCES THAT ARE STARRED IN THE ABOVE LIST ARE REQUIRED TO BE CURRENT PRIOR TO WORK OR EMPLOYEE MUST COMPLETE THE PA DHS DISCLOSURE REPORT and SUBMIT CLEARANCES WITHIN 30 DAYS FROM START OF EMPLOYMENT:**

<https://www.dhs.pa.gov/KeepKidsSafe/Resources/Documents/2023-02-21-Disclosure-Statement-for-Employment.pdf>

Work References

Name and Title	Company	Title	Email	Phone Number

Signature / Certification

I certify that the facts set forth in this application are true, complete, and correct to the best of my knowledge. I understand that any misrepresentations, falsifications, or omissions on this application can be grounds for rejection of my application or, if I am employed by this company for work, for immediate termination. I authorize Treehouse Speech and Rehabilitation, LLC to make any necessary inquiries and investigations into my education, military, or employment history. I further authorize, unless otherwise indicated on this application, the release of my information to Treehouse Speech and Rehabilitation, LLC by any of the schools, services, or employers listed on this application.

Signature:

Date: