Success Nurse Agency Inc.
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Respiratory Therapist Application

Employment application - Respiratory Therapist (RT) | Complete every section, sign and submit with your documents

Section 1 - Applicant information

Full legal name

Preferred name

Street address

City / State / ZIP

Mobile phone

Email

Date of birth

SSN (last 4)

Emergency contact Name, relationship and phone

Section 2 - Licensure and certification

Illinois RCP license #

License expiration

NBRC credential CRT / RRT + number

AHA BLS expiration

ACLS expiration Required for hospital / ICU / ER / telemetry

PALS / NRP expiration If applicable

Other certifications

Section 3 - Experience

Years of experience as RT	
Most recent employer	
Position / unit and dates	
Reason for leaving	
Second most recent employer	
Position / unit and dates	
Professional reference 1	Name, title, phone
Professional reference 2	Name, title, phone

Section 4 - Settings and availability

Settings you are able to work

- ☐ Hospital ICU
- ☐ Emergency Room
- ☐ Med-Surg / floor therapy
- ☐ Long-term acute care
- ☐ Sub-acute / vent unit
- ☐ Sleep lab / PFT

Shifts available

- ☐ Days (7a-3p / 7a-7p)
- ☐ Evenings (3p-11p)
- ☐ Nights (11p-7a / 7p-7a)
- ☐ Weekends
- ☐ Holidays
- ☐ SNA Rapid Response (call-offs and urgent needs)

Earliest start date

Shifts per week desired

Travel radius (miles)

Section 5 - Required documents checklist

Every item below must be uploaded and individually approved before your first shift.

- ☐ Government-issued photo ID
- ☐ RT license / registry verification
- ☐ Resume
- ☐ Physical exam within 12 months
- ☐ Immunization record
- ☐ NBRC CRT/RRT credential card
- ☐ Social Security card
- ☐ AHA BLS card
- ☐ Diploma or certificate of completion
- ☐ TB test (2-step or IGRA) or chest x-ray
- ☐ ACLS card (hospital assignments)

Immunization record must include

- ☐ MMR (2 doses or titer)
- ☐ Hepatitis B (series or titer / declination)
- ☐ Influenza (current season or declination)
- ☐ TB: 2-step PPD or IGRA within 12 months
- ☐ Varicella (2 doses or titer)
- ☐ Tdap within 10 years
- ☐ COVID-19 (per facility policy)
- ☐ Chest x-ray if PPD positive

Section 6 - Legal attestations

Answer each question. A "yes" answer does not automatically disqualify you.

☐ Yes ☐ No Has your license or certification ever been suspended, revoked, restricted or subject to discipline?

☐ Yes ☐ No Have you ever been named in a substantiated finding of abuse, neglect or misappropriation?

☐ Yes ☐ No Have you ever been convicted of a felony or a disqualifying offense under Illinois law?

☐ Yes ☐ No Are you legally authorized to work in the United States?

☐ Yes ☐ No Can you perform the essential functions of this position with or without reasonable accommodation?

Explanation (if any yes above)

Section 7 - Tax election

☐ W-2 employee (Form W-4 required)

☐ 1099 independent contractor (Form W-9 required)

Section 8 - Authorization and certification

I certify that the information in this application is true and complete to the best of my knowledge. I understand that any false statement or omission is grounds for refusal of placement or immediate termination. I authorize Success Nurse Agency Inc. to verify my licensure, certification, employment history and references, and to obtain a background check and health care worker registry verification in accordance with the Fair Credit Reporting Act. I understand that placement is contingent on completion of credentialing, a cleared background check and a signed Policies & Procedures acknowledgment.

Applicant signature

Printed name _____ **Title / Credential** _____

Signature _____ **Date** _____

Agency reviewer

Printed name _____ **Title / Credential** _____

Signature _____ **Date** _____