

SPROCKET THERAPY SOLUTIONS EMPLOYMENT APPLICATION

Name: _____ Position Applied for: _____

Professional Credentials: _____ Years as an OT: _____

• Why do you want to work at Sprocket?

• What's your preferred treatment demographic? _____

• Who is your favorite superhero and why?

• As a member of the Sprocket team, what would you expect of us?

• What do you expect of your clients?

• What do you want your clients to think of you?

• What do you do to de-stress and recharge?

• Describe your "therapeutic use of self":

• If you could only fit 3 tools in your OT "toolbelt" what would they be?

• How would you describe SPD to your grandma?

• Imagine you have unlimited funds but still have to work as an OT, describe your dream OT job:

• In one word - what do you think is the best gift you can give a child as an OT? _____

• How long did this application take you to fill out? _____

please email this form and your resume to OT@sprockettherapy.com