

Application for Employment

Position applied for: Speech-Language Pathologist Speech-Language Pathology Assistant
 Administrative Other: _____

Location: _____ Available Start Date: _____

Full Time?: Yes No Salary Requested: \$ _____

Personal Information

Name: _____
Last First Middle Initial

Address: _____
Street City State Zip Code

Home Phone Number: _____ Cell Phone Number: _____

Email: _____

Skills & Licenses

Do you possess a valid Speech-Language Pathology/Assistant license? Yes No Issued in what state? _____

Do you hold a Certificate of Clinical Competence in Speech-Language Pathology? Yes No

Are you multilingual? Yes No If yes, what language(s)? _____

Please list all office, technical or professional skills and/or certificates you possess that are relevant to the position for which you are applying (i.e. assistive technology, neuro, psych, pediatrics, sign language, etc.)

Education

| | School Name | City, State | # Yrs Attended | Degree/Major |
|-------------|-------------|-------------|----------------|--------------|
| High School | | | | |
| College | | | | |
| College | | | | |
| Other | | | | |

Work Experience

Please list all professional experience from the past five (5) years. Begin with your most recent job and include periods of unemployment or military service. Give full details about your experience which in your opinion makes you qualified for the position you are applying. Use an additional sheet of paper if necessary.

| | | | |
|---|---------------------|------------------------------|---------------------|
| Present or Last Employer | Address | From: Month/Yr | To: Month/Yr |
| Name/Title of Supervisor | Phone Number | Salary | |
| Your title and description of duties | | Reason(s) for Leaving | |
| _____ | | _____ | |
| _____ | | _____ | |

| | | | |
|---|---------------------|------------------------------|---------------------|
| Employer | Address | From: Month/Yr | To: Month/Yr |
| Name/Title of Supervisor | Phone Number | Salary | |
| Your title and description of duties | | Reason(s) for Leaving | |
| _____ | | _____ | |
| _____ | | _____ | |

| | | | |
|---|---------------------|------------------------------|---------------------|
| Employer | Address | From: Month/Yr | To: Month/Yr |
| Name/Title of Supervisor | Phone Number | Salary | |
| Your title and description of duties | | Reason(s) for Leaving | |
| _____ | | _____ | |
| _____ | | _____ | |

General Information

Federal law requires proof of eligibility to work in the United States. Should you be hired, satisfactory proof of eligibility and identity will be required within three (3) business days from your hire date. Failure to submit required proof could result in immediate dismissal.

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

If you are under 18, do you have a work permit? Yes No

Have you ever been convicted of a felony? Yes No If yes, state nature of the crime(s), when/where convicted and disposition of the case: _____

How did you hear about Jackson Jade & Associates? Internet Email Facility Mailing

Friend/Colleague: _____ Other: _____

Professional References

Please list three former supervisors and/or associates who are acquainted with your work performance and who you authorize us to contact.

| | | |
|--------------|---------------------|--|
| Name | Organization | Phone Number |
| Title | Address | Working relationship to Applicant |

| | | |
|--------------|---------------------|--|
| Name | Organization | Phone Number |
| Title | Address | Working relationship to Applicant |

| | | |
|--------------|---------------------|--|
| Name | Organization | Phone Number |
| Title | Address | Working relationship to Applicant |

Please read this section before you sign this employment application form. Your application will not be considered if unsigned.

I certify that all information provided on this application and any supporting documentation is true and complete, and I authorize Jackson jade & Associates, A Speech Pathology Corporation (“JJA”) to check my references, prior employment, certification, and educational background. I agree that, if hired, I may be discharged if JJA, at any time, learns of any falsification or material omission in the information I provided. I hereby authorize my former employers and references to release all requested information. I hereby release JJA and all contacted references from liability which might be claimed because of information provided by such references.

I agree that, if hired, I will be an at-will employee and that I or JJA may terminate my employment for any reason, at any time, with or without notice. I understand that I may be subjected to a drug test prior to being hired to assure the company that I do not currently have narcotics, sedatives, stimulants, and/or other controlled substances and/or mood altering substances in my body. I understand if I have any such controlled substances in my body at the time of drug testing, JJA may not hire me. I further understand that at any time during my employment with JJA, my supervisor (or any other manager) may require, as a term and condition for continued employment, random drug testing.

Signature: _____ Date: _____

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