

COMPLETE SPEECH THERAPY & WELLNESS

Application for Employment

1801 North Tryon Street suite 327

Charlotte, NC 28214

COMPLETE SPEECH THERAPY IS AN EQUAL OPPORTUNITY EMPLOYER

To the Applicant: We appreciate your interest in our organization and assure you we are interested in your qualifications. You will be considered for the position(s) on this application for which you are applying and for which there are openings. Applicants will be considered for job openings for a period of ninety (90) days. Any applicant who desires further consideration must contact the office in which they applied to request consideration beyond (90) days.

NOTE: Only written promises by the employer will be enforceable.

PLEASE PRINT OR TYPE:

DATE OF APPLICATION _____

PERSONAL:

Name: _____ Soc. Sec. No. _____

Present Address: _____

Phone No: _____ Alt No: _____

GENERAL:

Position (s) applied for _____ Rate of pay expected: _____

Would your work: Full-time? _____ Part-time? _____ PRN? _____

Have you ever been employed by Complete Speech Therapy & Wellness? _____ If yes, when? _____

Do you have a license, certificate or any type of professional registration associated with the position you are applying for? If yes, what? _____ License. No. _____

Current in what states? _____

What is your NPI#? _____

Attach a copy of your State License with your application

EDUCATION

	Name	Address	Degree/Diploma	Major	GPA
High School					
College					
Other					

WORK HISTORY

Provide your work history for the past ten years, with most recent employment first. Attach additional information (i.e. resume) if necessary.

May we contact your current employer? _____ Yes _____ No

1.

Name of Company: _____ Phone No: _____
Address: _____

Name of Supervisor: _____ Position Held: _____
Describe your duties: _____

Beginning Salary: _____ Ending Salary: _____
Employed From: Month _____ Year _____ to Month _____ Year _____

2.

Name of Company: _____ Phone No: _____
Address: _____

Name of Supervisor: _____ Position Held: _____

Describe your
duties: _____

Beginning Salary: _____ Ending Salary: _____
Employed From: Month _____ Year _____ to Month _____ Year _____

3.

Name of Company: _____ Phone No: _____
Address: _____

Name of Supervisor: _____ Position Held: _____

Describe your
duties: _____

Beginning Salary: _____ Ending Salary: _____
Employed From: Month _____ Year _____ to Month _____ Year _____

4.

Name of Company: _____ Phone No: _____

Address: _____

Name of Supervisor: _____ Position Held: _____

Describe your duties: _____

Beginning Salary: _____ Ending Salary: _____

Employed From: Month _____ Year _____ to Month _____ Year _____

Are there any other experiences, skills, or qualifications, which you feel have prepared you for work with our Company?

When was your last TB Skin Test? _____ (Attach Proof)

Do you have Auto Insurance? _____ When is your expiration date? _____ (Attach Proof)

How did you hear about **Complete Speech Therapy & Wellness**?

What previous job have you enjoyed most? Why?

What previous job have you enjoyed least? Why?

Have you ever been terminated or have you ever left a former employer for unsatisfactory job performance or other adverse reasons? _____ Yes _____ No

If yes, explain _____

Have you ever been bonded? _____ Yes _____ No If yes, on what jobs _____

Have you ever been convicted of a crime? _____ Yes _____ No *(A conviction will not necessarily preclude employment.)*

If yes, explain: _____

Based upon your understanding of the duties of the job for which you are applying, please answer the following question. Can you perform the essential functions of the job for which you are applying, with or without accommodations? _____ Yes _____ No

If no, indicate the part(s) of the job that you would not or may not be able to perform

STATEMENT OF APPLICANT

I understand in applying for employment with **Complete Speech Therapy & Wellness** that the completion of this application does not indicate there are any positions open and does not in any way obligate **Complete Speech Therapy & Wellness** or me to an employment relationship.

The information given in this application is true in all respects to the best of my ability. If any information is found to be false, I understand that I will either be refused employment or subject to immediate dismissal if already employed. I authorize **Complete Speech Therapy & Wellness** to investigate all information contained in this application. I authorize my present and former employer to release any information pertaining to my work record and performance, and release those employers from liability unless such information is provided with knowledge that it is false.

I understand that a medical examination or medical inquiries may be required before or during my employment to assess my ability to adequately perform the job. This will only be done after a conditional offer of employment has been made. I authorize any physician and/or other health

