

# 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

care provider to release them from liability for so doing unless the information is known by them to be false.

I understand that a criminal records check and/or a motor vehicle record check may be made by a consumer reporting agency, and that if such a report is requested, I have the right under federal law to request in writing, within a reasonable time, detailed information about the nature and scope of the report.

I understand that **Complete Speech Therapy & Wellness** reserves the right in appropriate circumstances to require its employees to submit to inspections of the workplace that may include their personal effects, and to require applicants and employees to submit to testing for the presence of drugs or alcohol. An individual's refusal to submit to a requested test or inspection may result in disciplinary action up to and including immediate termination.

Finally I understand that if employed, my employment at **Complete Speech Therapy & Wellness** will be for no definite period of time, and that my employment may be terminated at will at any time with or without cause or advance notice. I understand that any contract for employment upon any terms must be in writing and signed by **Complete Speech Therapy & Wellness Owner**.

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Applicant's Signature

**FOR OFFICE USE ONLY**

\_\_\_\_\_  
Interviewed By                      Date                      Hour  
Results of Interview: Hired \_\_\_\_\_ Scheduled for second interview \_\_\_\_\_ Other: \_\_\_\_\_