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### APPLICATION FOR EMPLOYMENT

Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt.: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Best Contact: Home: Cell: Work:

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

### CURRENT EMPLOYMENT INFORMATION

*(If status is retired or other, please provide information from previous employment.)*

Employment Status: W-2 Employee Self-Employed Retired

Other (Specify): \_\_\_\_\_

Employer: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Occupation: \_\_\_\_\_ Hourly Rate: Monthly ' Salary:

Job Description: \_\_\_\_\_

## BACKGROUND INFORMATION

- |   |     |    |
|---|-----|----|
| 1. Do you know 3 people who would give you a reference?   | Yes | No |
| 2. Do you currently have any of the following:  | Yes | No |
| (a) SLP/SLPA/PT/PTA/OT/OTA license?   | Yes | No |
| (b) Certificate of Clinical Competence?   | Yes | No |
| (c) ASHA certification?   | Yes | No |
| (d) liability insurance?  | Yes | No |
| (e) Medicaid Provider number?   | Yes | No |
| 3. Have you ever had a trade or professional license revoked, suspended, or restricted?   | Yes | No |
| 4. Have you ever been charged with, convicted of, plead guilty or "no contest" to a felony or misdemeanor (other than a minor traffic violation)? | Yes | No |
| 5. Would you be willing to submit to a background check?  | Yes | No |
| 6. Do you speak any language other than English fluently? Yes    No    If so, what language? _____  |     |    |

**If you answered "Yes" to question 3 or 4, or "No" to question 5 please explain:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (\_\_\_\_) initials req.  
**(Attach additional sheets, if more space is needed.)**

## REFERENCES

- |              |                |
|--------------|----------------|
| Personal     | Contact Number |
| 1. _____     | (____) _____   |
| Professional | Contact Number |
| 1. _____     | (____) _____   |
| 2. _____     | (____) _____   |

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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