



EMPLOYMENT APPLICATION

It is the policy of West Texas Speech Therapy to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, national origin, age, disability, and/or veteran status.

1. Applicant Information

Full Name: _____

Home Address: _____

City/State/Zip: _____

Phone Number: ____-____-____ Email address: _____

Social Security: ____-____-____ Driver License (State/Number): _____

Job Position Applied for: _____

Salary Desired: \$_____ per _____

Are you at least 18 years old? ____ Yes ____ No

How will you get to work? _____

If you are offered employment, when will you be available to begin work? _____

If hired, are you able to submit proof that you are legally eligible for employment in the United States? ____ Yes ____ No

Are you able to perform the essential functions of the job position you seek with or without reasonable accommodation? ____ Yes ____ No

Have you ever been convicted of a felony or misdemeanor?

____ No

____ Yes, convicted of _____ on _____ (date)

in _____ (city), _____ (state)

THE EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT.



2. Emergency Contact

Name: _____

Relationship to you: _____ Phone Number: ____ - ____ - ____

3. Applicant's Skill

Check those skills that you have. List any other skills that may be useful for the job you are seeking. Enter the number of years of experience.

Skill	Years of Experience
<input type="checkbox"/> Typing	_____
<input type="checkbox"/> Microsoft Office (Word, Excel, etc.)	_____
<input type="checkbox"/> Accounting/ Bookkeeping	_____
<input type="checkbox"/> Answering Telephones	_____
<input type="checkbox"/> Customer Service	_____
<input type="checkbox"/> Quickbooks	_____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____

4. Applicant's Education & Training

College/ University Name & Address:

Did you receive a degree? ___No ___Yes, degree received_____

Highschool/ GED Name & Address:

Did you receive a degree? ___Yes ___No

Please indicate any current professional licenses or certifications that you hold:

Awards, Honors, Special Achievements:



5. Applicant Employment History

List your current or most recent first and explain any gaps in unemployment. If additional space is needed continue on the back page.

Employer Name: _____

Supervisors Name: _____

Address: _____

City/State/Zip: _____

Job Duties: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): _____

Employer Name: _____

Supervisors Name: _____

Address: _____

City/State/Zip: _____

Job Duties: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): _____

Employer Name: _____

Supervisors Name: _____

Address: _____

City/State/Zip: _____

Job Duties: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): _____



6. References

List any two non-relatives who would be willing to provide reference for you.

(1) Name: _____ Telephone #: _____

Relationship: _____ Years known: _____

(2) Name: _____ Telephone #: _____

Relationship: _____ Years known: _____

CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be on the basis for rejection of my application, or if employment commences, immediate termination.

I authorize West Texas Speech Therapy to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to communicate information fully and freely regarding my previous employment and education.

**I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I
UNDERSTAND AND AGREE TO ITS TERMS**

APPLICANT SIGNATURE

DATE