



Soundly Speaking

Therapy Services, PLLC

Application for Employment

Soundly Speaking Therapy Services, PLLC is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, State & Federal law. Should an applicant need reasonable accommodation in the applicant process, he or she should contact a Company Representative.

Please fill out all of the sections below:

Applicant Information

Applicant Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Email: _____

Date of Application: _____

Employment Position

Applying for which position: _____

How did you hear about Soundly Speaking:

Which geographical areas can you cover (be very specific):

How many hours per week are you looking for: _____

On what date can you start if hired: _____

Do you have reliable transportation to & from work: _____

Personal Information

Are you 18 years of age or older? YES _____ NO _____

Are you a U. S. citizen or approved to work in the United States?

YES _____ NO _____

What document can you provide as proof of citizenship or legal status?

Will you consent to a mandatory controlled substance test?

YES _____ NO _____

Do you consent to a background check?

YES _____ NO _____

Do you have any conditions which would require job accommodations?
YES _____ NO _____ If yes please describe accommodations required:

(NOTE: Soundly Speaking Therapy Services, PLLC complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions).

Have you ever been convicted of a criminal offense (if felony or misdemeanor)

YES _____ NO _____

If yes please state the nature of the crime(s), when and where convicted and disposition of the cases: _____

(NOTE: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered).

Job Skills/Qualifications

Please list below the skills/qualifications/certifications you possess for the position for which you are applying: _____

Do you have a reliable way in which to capture signatures in a session using wifi/data plan and to document your notes using our online documentation system? Reliable way to scan documents as needed?

Education and Training

High School

Name: _____

Location, City & State:

Year Graduated: _____ Degree Earned _____

College/University

Name: _____

Location, City & State _____

Year Graduated: _____ Degree Earned _____

State License/s Held:

Type of License: _____ Date expires: _____

Military

Are you a member of the Armed Services? _____

In what branch of the military did you enlist? _____

What was your military rank when discharged? _____

How many years did you serve in the military? _____

What Military skills do you possess that would be an asset for this position?

Previous Employment

Employer Name: _____

Job Title: _____

Supervisor Name: _____

Employer Address: _____

City, State & Zip Code: _____

Employer's Telephone: _____

Dates Employed: _____

Reason for leaving: _____

Employer Name: _____

Job Title: _____

Supervisor Name: _____

Employer Address: _____

City, State & Zip Code: _____

Employer's Telephone: _____

Dates Employed: _____

Reason for leaving: _____

Employer Name: _____

Job Title: _____

Supervisor Name: _____

Employer Address: _____

City, State & Zip Code: _____

Employer's Telephone: _____

Dates Employed: _____

Reason for leaving: _____

References: Please provide 3 professional references below.

Name: _____

Phone and Email: _____

Name: _____

Phone and Email: _____

Name: _____

Phone and Email: _____

Additional Information:

What are your favorite populations to work with? Experience with special needs?

If SLP/SLP-Assistant, describe your comfort level with AAC and list specific systems you have used: _____

At-Will Employment:

The relationship between you and Soundly Speaking Therapy Services, PLLC is referred to as "Employment at Will". This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or Soundly Speaking Therapy Services, PLLC. No representative of Soundly Speaking Therapy Services, PLLC has authority to enter into any agreement contrary to the foregoing "Employment at Will" relationship. You understand that your employment is "at will" and that you acknowledge that no oral or written statements or representations regarding your employment can alter your "at will" employment status, except for a written statement signed by you and either our Executive Vice-President/Chief Operations Officer or the Company President.

Applicant Signature: _____

Date: _____