



# 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):

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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?

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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:

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(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: \_\_\_\_\_

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(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: \_\_\_\_\_

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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?

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**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?

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

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**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: \_\_\_\_\_