

# SpeechCare Employment Application

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of SpeechCare

Position (s) applied for: \_\_\_\_\_ Date of Application: \_\_\_\_\_

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

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Social Security #: \_\_\_\_\_

If you are under 18, and it is required, can you furnish a work permit?  Yes  No If no, please explain: \_\_\_\_\_

Have you ever submitted an application to SpeechCare before?  Yes  No If yes, give date (s): \_\_\_\_\_

Have you ever been employed by SpeechCare before?:  Yes  No If yes, give date (s): \_\_\_\_\_

Are you legally eligible for work in this country?  Yes  No

Date available for work: \_\_\_\_\_

Type of employment desired:  Full-Time  Part-Time  Temporary  Seasonal  Educational Co-Op

Will you travel if the job requires it?  Yes  No

Have you been convicted of a crime in the last seven (7) years?  Yes  No

If yes, please explain: \_\_\_\_\_

Conviction will not necessarily be a bar to employment. Each instance and explanation will be considered in relation to the position for which you are applying.

Drivers license number if driving is an essential job function: \_\_\_\_\_

Can you provide proof of Auto Insurance?  Yes  No

**Employment History:** Provide the following information for your past and current employers, assignments or volunteer activities, starting with the most recent (attach additional sheets if necessary).

<b>Employer:</b>	Date Employed	Summarize the type of work
Address:	From To	Performed and job responsibilities
Job Title	Hourly Rate/Salary	
Immediate Supervisor and Title:	Starting	
Telephone: ( )	\$ Per	
Reason for Leaving:	Hourly Rate/Salary	
May we contact for reference: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Final	
	\$ Per	
<b>Employer:</b>	Date Employed	Summarize the type of work
Address:	From To	Performed and job responsibilities
Job Title	Hourly Rate/Salary	
Immediate Supervisor and Title:	Starting	
Telephone: ( )	\$ Per	
Reason for Leaving:	Hourly Rate/Salary	
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Immediate Supervisor and Title:	Starting	
Telephone: ( )	\$ Per	
Reason for Leaving:	Hourly Rate/Salary	
May we contact for reference: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Final	
	\$ Per	

**Skills and Qualifications**

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

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**Educational Background** If job related.

1. List the last three (3) schools attended, starting with the most recent. 2. List number of years completed. 3. Indicate degree or diploma earned, if any. 4. Major field of study. 5. Minor field of study (if applicable).

1. SCHOOL	2. YEARS COMPLETED	3. DEGREE/DIPLOMA	4. MAJOR	5. MINOR

**References**

List names and telephone number of three business/work references that are not related to you and are not previous supervisors. If not applicable, list three school or personal references that are not related to you.

NAME	TELEPHONE	YEARS KNOWN

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from SpeechCare's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability SpeechCare and it's representatives for seeking gathering and using such information and all other person, corporations or organizations for furnishing such information.

SpeechCare does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from SpeechCare and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time with or without cause and without prior notice, and SpeechCare reserves the same right to terminate my employment at any time, with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of SpeechCare, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand that it is SpeechCare's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully understand the foregoing and seek employment under theses conditions.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_