



**Let's
Talk Therapy**
"...where serving you is therapeutic!"™

4500 SATELLITE BLVD • SUITE 2290 • DULUTH, GEORGIA 30096

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: (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: _____