

EMPLOYMENT APPLICATION

Name: _____ SS#: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Fax: _____ E-mail: _____

Profession:

Special Instruction: _____ Speech Pathology: _____ Occupational Therapy: _____

Physical Therapy: _____ Psychology: _____

Other: _____

Degree(s): _____

Academic Institution(s): Undergraduate _____

Post-graduate _____

Language(s) spoken other than English: _____

Your current employment: _____

Other agencies you work for: _____

Do you currently hold \$1/\$3 million professional liability insurance? Yes _____ No _____

ABA

Are you ABA trained? Yes _____ No _____

SPEECH

Are you Prompt trained? _____ Prompt Certified? _____ PECS? _____ Feeding? _____

ASHA Certified Member?

Do you hold: TSHH? _____ TSLD? _____

Have you ever been convicted of a crime in any state or county? Yes _____ No _____

Yes _____ No _____ If yes, please explain: _____

OCCUPATIONAL THERAPY

Do you do Sensory? _____ NDT Trained? _____ Certified Yoga for Children? _____

PHYSICAL THERAPY

Are you a Pediatric Certified Specialist PT? _____ Certified Yoga for Children? _____

PROFESSIONAL MEMBERSHIPS:
