



An Equal Opportunity Employer

# Application for Employment

Please read before filling out this application

**BILINGUAL THERAPY SERVICES, PLLC** does not discriminate in hiring or employment on the basis of race, color, sex, religion, genetic information, disability, national origin, citizenship, military status, or on the basis of age with respect to persons 18 years or older. No question on the application is intended to secure information to be used for such discrimination. Proof of identity and work authorization will be required upon employment in accordance with federal regulations. **BILINGUAL THERAPY SERVICES PLLC**, intends to check and hold you responsible for the accuracy of the statements you make on this application.

## Personal Data

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Are you 18 years or older ?  Yes  No

Have you ever pled guilty or been convicted of a crime other than a minor traffic violation? **Do not include sealed and expunged convictions.**

Yes  No

If yes, explain : \_\_\_\_\_  
(A "yes" answer to this question does not necessarily preclude consideration for employment)

Are you authorized to work for any employer in the US?  Yes  No

Do you now or in the future will you require sponsorship by the company to retain employment in the US?

Yes  No

If yes, explain : \_\_\_\_\_  
(A "yes" answer to this question does not necessarily preclude consideration for employment)



## Educational Data

Circle Highest Grade Completed :																					
1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	1	2	3	4	
Grade, Junior High or High School												College or University					Graduate School				
Type of School			Name of School				Location			Major Subject or Course of Study				Did you Graduate?							
High School																					
College																					
Business or Trade School																					
List Degree(s) or Certification(s) Obtained :																					

## Employment

Job applied for : \_\_\_\_\_  Part-Time  Full-Time

Salary desire : \_\_\_\_\_

Have you ever applied here before?  Yes  No When? \_\_\_\_\_

How did you learn about us? \_\_\_\_\_

Have you ever worked for **Bilingual Therapy Services, PLLC** before?  Yes  No  
When? \_\_\_\_\_

If yes, give the name(s) if different from the one given on this application \_\_\_\_\_

When could you report for work? \_\_\_\_\_

Are you willing to work any shift, including nights and weekends?  Yes  No

Are you willing to work overtime?  Yes  No

Can you perform the essential functions of the position in which you are applying?  Yes  No

(If you have any questions as to what essential functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question)



## Work History

Are you currently covered by a non-compete agreement with any former employer?  Yes  No

If yes, identify employer: \_\_\_\_\_

From: (mo/yr)	Company:	Telephone: ( )	Starting Salary: \$ Per
To: (mo/yr)	Address: City State Zip		Final Salary \$ Per
Supervisor's Name / Title		Type of Business	If this is your current employer, may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Your Position / Title		Responsibilities / Duties	
Specific Reason for Leaving			

From: (mo/yr)	Company:	Telephone: ( )	Starting Salary: \$ Per
To: (mo/yr)	Address: City State Zip		Final Salary \$ Per
Supervisor's Name / Title		Type of Business	If this is your current employer, may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Your Position / Title		Responsibilities / Duties	
Specific Reason for Leaving			

From: (mo/yr)	Company:	Telephone: ( )	Starting Salary: \$ Per
To: (mo/yr)	Address: City State Zip		Final Salary \$ Per
Supervisor's Name / Title		Type of Business	If this is your current employer, may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Your Position / Title		Responsibilities / Duties	
Specific Reason for Leaving			



### Relatives in Our Company

Name	Relationship

### Special Skills

List and describe any special skills, second languages, or other training you have that may related to your employment : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List all professional licenses, certifications, etc. that may be related to the position you are applying for and list dates issued and name of the organization granting : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Professional References

**Give the three references who are not relatives or former employers.**

Name	Occupation	Years Known	Phone	Address



## Affidavit

I authorize, without liability, investigation of all statements in this application.

I authorize all schools which I attended and all previous employers to furnish to **Bilingual Therapy Services, PLLC** my record, reason for leaving and all information they may have concerning me, and hereby release them and **Bilingual Therapy Services, PLLC** from all liability for any damage whatsoever arising therefrom.

I attest with my signature below that I have given to **Bilingual Therapy Services, PLLC** true and complete information on this application. No requested information has been concealed. I authorize **Bilingual Therapy Services, PLLC** to contact references provided for employment reference checks. I release such persons and organizations from any legal liability in making such statements.

I understand that in the event of my employment by **Bilingual Therapy Services, PLLC** it shall be sufficient cause for dismissal if any of the information I have given in this application is false or if I have failed to give any information herein requested. I understand that proof of identity and work authorization will be required upon employment in accordance with federal regulations. In the event of my employment by **Bilingual Therapy Services, PLLC**, I agree to abide by all present and subsequently issued rules of the Company.

If hired, in consideration of my employment, I agree to comply with the policies, standards, and business ethics of **Bilingual Therapy Services, PLLC**. I understand that my employment is at will and may be terminated by me or the company at any time without additional consideration or notice. I understand that no representative of **Bilingual Therapy Services, PLLC** has the authority to commit to any definite term of employment or alter the at-will employment agreement, and any such agreement must be in writing.

Signature : \_\_\_\_\_

Date : \_\_\_\_\_