APPLICATION FOR EMPLOYMENT



1001 LAURENCE AVE STE E • JACKSON, MICHIGAN • 517-750-4777

Comprehensive Speech & Therapy Center is an Equal Opportunity Employer

This application will be considered active for 60 days. If you have not been hired within 60 days of submitting this application and you wish to be considered for employment, you must complete a new application.

 PERSONAL INFORMATIC Name 	N			
First Have you ever worked o	Middle r attended school under another name?	Last If yes, under what nan	ne?	
Present Address			St. (7.
Permanent Address	Street	City	State	Zip
Phone No.	Street	Are you 18	State years or older? Yes	Zip No
Are you legally authoriz	ed to work in the United States? Yes N	o		
Describe any U.S. Milita	ary Service, including branch, rank, nature a	nd date of discharge:		
Are you presently in the	United States armed forces, active or reserv	e? If so, identify unit and	any service obligation	s.
Have you ever been conv	victed of a crime or are you presently charged	with a felony? If so, where	e and when, and explai	n circumstances.
	Date you can start			
Preferred employment t	ype: full-time part-time tempor	rary/seasonal Desir	ed shift:	
	work, please insert times on each day you w rk hours and alter schedules at will):	ould be available for work	t (the Company retains	s the right to
Mon: Tue	s: Wed: Thurs:	Fri:	Sat:	Sun:
Applicants for temporar	y work, for what period of time are you avai	lable to work? From:	to:	
Are you currently emplo	oyed? Yes No If so, may we ind	quire of your present emplo	oyer? Yes No	
Have you ever applied t	o CSTC before? Yes No When?			
Have you ever worked f	or CSTC before? Yes No When	?		
Relatives employed by	CSTC? Yes No If yes, who	?		
Do you have any activit your ability to work full	ies, commitments or responsibilities (for exa time, including overtime, in the position for	mple, school, other employ which you are applying?	yment, etc.) that might If so, identify and exp	t interfere with lain
If employed here, do yo	u expect to work on any other job? Yes	No		
If yes, give nature of wo	ork and amount of time it requires.			

FORMER EMPLOYMENT

Date (Month		nployers, starting with the most recent. Name and Address of Employer	Salary	Position	Reason for Leaving
(from)	(to)				
(from)	(to)				
(from)	(to)				
Describe full		e of the work in your present (or most recer			
Which of you Why?	ur jobs did y	/ou like best?			
Why?					

EDUCATION -

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	NAME/LOCATION OF SCHOOL	NUMBER OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR OTHER SCHOOL				

List any subjects of Special Study or Research Work

List any certifications/licenses you possess, including the effective date and expiration

REFERENCES –

 Give the names of three persons, not related to you, whom you have known at least one year.

 Name
 Phone Number
 Business
 Years Acquainted
 Email

 Image: Image of three persons, not related to you, whom you have known at least one year.
 Image of three persons, not related to you, whom you have known at least one year.

 Name
 Phone Number
 Business
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 Image of the person of