



INTEGRATIVE MUSIC THERAPY, LLC

1003 SR 662 W

Newburgh, IN 47630

Phone: 812-490-9400 or 812-205-6834

Email: casey@inmusictherapy.com

APPLICATION FOR MUSIC THERAPY INTERNSHIP

By completing and forwarding these documents, you are authorizing Integrative Music Therapy LLC to complete education and employment reference checks.

PERSONAL INFORMATION

DATE _____

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO. ()	EMAIL ADDRESS		

POSITION INTERN	DATE YOU CAN START	DEADLINE TO COMPLETE
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ARE YOU EMPLOYED? Yes No IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER/ADVISOR? Yes No

HAVE YOU EVER APPLIED TO THIS INTERNSHIP BEFORE? Yes No WHEN? _____

EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED/DEGREE(S)
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS	
CREDENTIALS	SPECIAL ACCOMMODATIONS REQUIRED

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME, PHONE, AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM _____ TO _____				
FROM _____ TO _____				
FROM _____ TO _____				
FROM _____ TO _____				

*Please include practicum/clinical experiences in your resume.

REFERENCES GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	EMAIL ADDRESS AND PHONE	HOW DO THEY KNOW YOU?	YEARS KNOWN

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if selected, falsified statements on this application shall be grounds for dismissal."

DATE _____ SIGNATURE _____

INTERVIEWED BY _____ DATE _____

DO NOT WRITE BELOW THIS LINE

REMARKS

NEATNESS		CHARACTER		
PERSONALITY		ABILITY		
DECISION	START DATE	END DATE APPROX	WILL REPORT	SPECIAL CONSIDERATIONS

Other Application Questions: (Use a separate page if needed.)

Do you have reliable transportation?

Why have you chosen to apply for this internship?

How do you believe your skills will be fostered in this placement?

What are your career goals?

What is your personal philosophy of music therapy?

Do you have other responsibilities or conflicts that may interfere with your ability to fulfill your internship requirements in a timely manner? If so, please explain.

What is your idea of a perfect supervisor/mentor?

Describe your comfort level related to working with individuals with developmental disabilities.

AUTHORIZATION TO RELEASE INFORMATION

**By completing and forwarding these documents, you are authorizing
Integrative Music Therapy LLC to complete reference checks.**

The undersigned has applied for employment with Integrative Music Therapy LLC (prospective employee) and hereby authorizes and directs you and your Organization to provide the Prospective Employer with all information about me and my employment information relating to my: dates of employment, job titles, employment application; performance evaluations; wage or salary history; disciplinary actions, if any; attendance record and reason for leaving.

I am aware that Indiana law provides immunity to you and your organization when you disclose information about me, unless the information disclosed was known to be false at the time the disclosure was made.

In exchange for your cooperation, I hereby agree that I will not bring any suit or action against you and your organization, its officers or agents, for providing any requested information that is not known to be false at the time of providing it to the Prospective Employer.

I have executed and dated one original of this authorization, which will be maintained by the Prospective Employer, and you are authorized to respond to the Prospective Employer's requests as if this document were the original. This Authorization shall remain valid indefinitely or until such time as it is revoked by me in writing and delivered to you.

Thank you for your cooperation.

Date: _____

Name: _____

Address: _____

Applicant's SS#: _____