



INTEGRATIVE MUSIC THERAPY, LLC

1003 SR 662 W

Newburgh, IN 47630

Phone: 812-490-9400

Email: casey@inmusictherapy.com

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

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

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
----------	--------------------	----------------

ARE YOU EMPLOYED?

Yes

No

IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?

Yes

No

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE?

Yes

No

WHEN? _____

EDUCATION HISTORY

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

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS

CREDENTIALS	REFERRED BY

Attachment to Application for Employment

Please include phone and email addresses, if known, for the employers and references you list on the application.

Former Employers

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

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

Professional References

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

Name and Business	Years Known	Phone	E-mail Address

Personal References

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

Name and Relationship	Years Known	Phone	E-mail Address

Other Employment Questions:

1. Which of the following positions are you currently seeking?

<input type="checkbox"/> Music Therapist	<input type="checkbox"/> Neurologic Music Therapist
<input type="checkbox"/> Full time	<input type="checkbox"/> Full Time
<input type="checkbox"/> Part time	<input type="checkbox"/> Part Time
<input type="checkbox"/> Other (please explain)	<input type="checkbox"/> Other (please explain)

<input type="checkbox"/> Admin Assistant	<input type="checkbox"/> Direct Support Staff (PAC/Respite)
<input type="checkbox"/> Full time	<input type="checkbox"/> Part Time
<input type="checkbox"/> Part time	<input type="checkbox"/> Full Time
<input type="checkbox"/> Other (please explain)	<input type="checkbox"/> Other (please explain)

2. How soon are you available to start working?

3. What days and hours are you available to work?

4. Do you have reliable transportation? Yes / NO

5. Are you certified in CPR? Yes / NO First Aid? Yes / NO Dates: _____

6. Do you have other responsibilities that may interfere with your ability to provide services consistently? If so, please explain.

6. Why are you seeking this position?

7. Describe your comfort level related to working with individuals with neurobehavioral differences or developmental disabilities.

8. Tell us about your experience with autism spectrum disorder, if any.

AUTHORIZATION

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

DATE _____ SIGNATURE _____

DO NOT WRITE BELOW THIS LINE

APPLICANT NAME: _____

Interviewed By: _____

Date: _____

REMARKS

REFERENCE CHECKS

NEATNESS		CHARACTER		
PERSONALITY		ABILITY		
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES