INTEGRATIVE MUSIC THERAPY, LLC

INTEGRATIVE MUSIC THERAPY

1003 SR 662 W Newburgh, IN 47630 Phone: 812-490-9400

Email: casey@inmusictherapy.com

APPLICATION FOR **E**MPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

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

NAME (LAST NAME FIRST) PRESENT ADDRESS CITY STATE ZIP CODE PHONE NO. () EMAIL EMPLOYMENT DESIRED POSITION DATE YOU CAN START SALARY DESIRED POSITION ARE YOU EMPLOYER? Yes NO HAVE YOU EVER APPLIED TO Yes NO WHEN? EDUCATION HISTORY PEDUCATION OF SCHOOL HIGH SCHOOL COLLEGE TRADE, BUSINESS OR CORRESPONDENCE SCHOOL GENERAL INFORMANION GENERAL INFORMANION STATE ZIP CODE NAME & LOCATION OF SCHOOL ATTENDED GRADUATE? Yes NO WHEN? SOCIAL SECURITY NO. STATE ZIP CODE NO NO GENERAL INFORMANION SALARY DESIRED NO NO WHEN? PEDUCATION HISTORY SUBJECTS STUDIED GENERAL INFORMANION GENERAL INFORMANION WORK OR SPECIAL TRAINING/SKILLS	PERSONAL INFORMATION DATE							
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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				

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. V	Which of the following positi Music Therapist	ons are you currently seeking? Neurologic Music Therapist				
	Full time	Full Time				
	Part time	Part Time				
	Other (please explain)	Other (please explain)				
	Admin Assistant	Direct Support Staff (PAC/Respite)				
	Full time	Part Time				
	Part time	Full Time				
	Other (please explain)	Other (please explain)				
2.	How soon are you availab	ole to start working?				
3.	What days and hours are	you available to work?				
4.	Do you have reliable trans	sportation? 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 lev differences or developmen	vel related to working with individuals with neurobehavioral ntal disabilities.				
8.	Tell us about your experience with autism spectrum disorder, if any.					
A UTHOR	ZIZATION					
	lge and understand that, if er	ned in this application are true and complete to the best of my mployed, falsified statements on this application shall be grounds for				
DATE	SIGNA	ATURE				

DO NOT WRITE BELOW THIS LINE						
APPLICANT NAM	E:					
Interviewed By: _						
Date:						
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REFERENCE CHECKS						
NEATNESS			CHARACTER	₹		
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