

speech★center, inc.

Application for Employment

We consider applicants for all positions without regard to race, color, religion, gender, sexual orientation, national origin, disability, age, marital status, or status as a covered veteran, in accordance with applicable federal, state and local laws.

PLEASE PRINT

Last Name	First Name	Middle Name (required)	Maiden Name
Have you ever been known, personally or professionally, by any other name? <input type="checkbox"/> NO <input type="checkbox"/> YES – Give Name(s) and Explain Below Explain:			
Address	Number	Street	City State Zip Code
Email Address			
Home Phone Number		Cell/Other Phone Number	

Position(s) Applied For:	Date of Application:	Date Available for Work:
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time - Indicate Time/Days Below <input type="checkbox"/> PRN - Indicate Time/Days Below <input type="checkbox"/> Temporary – Explain Below Explain:		
Can you travel if a job required it? <input type="checkbox"/> NO <input type="checkbox"/> YES		
If driving is required for the position you are applying, please provide the following Driver License information:		
STATE:	LICENSE #:	EXPIRATION DATE:

Basic Questionnaire

Have you ever filed an application with us before?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you ever been employed with us before?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Are you currently employed?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Are you currently on “lay-off” status and subject to recall?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Are you currently under an agreement or non-compete contract that may affect the scope of possible employment with Speechcenter, Inc.? If yes, please explain:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Are you willing to relocate? If yes, please indicate where:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Are you physically and otherwise able to perform all of the duties of the job for which you are applying?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you ever served in the U.S. Military? If yes, please explain:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? <i>Speechcenter participates in the E-Verify system and proof of citizenship or immigration status will be required upon employment</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Provider Information

NC SLP License #:	NC SLP License Initial Effective Date:	NC SLP License Expiration Date:
If no NC SLP License #, has application for licensure been submitted? <input type="checkbox"/> NO <input type="checkbox"/> YES		
If no NC SLP License #, anticipated date of receipt:		
Have you ever had your SLP License suspended or revoked? <input type="checkbox"/> NO <input type="checkbox"/> YES – Give Date and Explain Below		
Explain:		
ASHA #:	ASHA Initial Effective Date:	ASHA Expiration Date:
National Provider Identification #:		
Have you ever worked or been professionally licensed, registered or credentialed in another medical profession? <input type="checkbox"/> NO <input type="checkbox"/> YES		
If yes, explain:		
What professional licenses have you held and in what states?		
Explain:		
Have you ever owned or operated your own business? <input type="checkbox"/> NO <input type="checkbox"/> YES – Provide Details Below		
Business Name:	Business Location:	Nature of Business:
Is the business still open? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, why?:		

Clinical Fellow Information

Only applicants applying for a position as a Clinical Fellow need to complete this section.

Do you anticipate completing the academic coursework and required clock hours in Evaluation and Treatment of speech and language disorders for children and adults, as outlined by the state of North Carolina Board of Examiners, for the purpose of temporary licensure? (<i>NOTE: These hours must be completed and supervised by a North Carolina licensed or ASHA certified speech-language pathologist.</i>) <input type="checkbox"/> NO <input type="checkbox"/> YES If no, explain:
Have you received an <i>official</i> correspondence indicating your PRAXIS score and have passed the PRAXIS in accordance with ASHA’s passing score requirement? (<i>NOTE: Raw scores are not a final indicator of passing the test.</i>) <input type="checkbox"/> NO <input type="checkbox"/> YES If no, please indicate circumstances and/or timeline to take/retake the test:
GRADUATE DEGREE from ASHA Accredited Program Accredited University to Confer Degree: _____ Date Conferred: _____

Provider Questionnaire

If you answer “Yes” to any of the questions below, provide explanation on a separate page.

Are you now or have you ever been enrolled as a provider with North Carolina Medicaid? If yes, enter your provider ID and Medicaid #:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Are you now or have you ever been enrolled as a provider with Blue Cross of North Carolina? If yes, enter your provider ID:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Are you now or have you ever been enrolled as a provider with any other private insurance companies or healthcare networks (i.e. MedCost, Aetna, Rehab Provider Network, Optum Health, United HealthCare, etc.)? If yes, enter company/network and your provider ID:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you as a provider or your current/previous employer participated in CAQH (Council for Affordable Quality Healthcare), a universal datasource used by healthcare organizations for credentialing providers?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Education

	High School	Undergraduate/College/University	Graduate/Professional
School Name			
School Location (Indicate City & State)			
Years Completed	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Graduation Date (mm/dd/yyyy)			
Diploma/Degree (M.A., M.S., M.Ed.)			
Course(s) of Study			
Apprenticeships/ extra-curricular activities			
Honors Received			

Language

English	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	<input type="checkbox"/> Read <input type="checkbox"/> Speak <input type="checkbox"/> Write
American Sign Language	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	<input type="checkbox"/> Sign
Spanish	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	<input type="checkbox"/> Read <input type="checkbox"/> Speak <input type="checkbox"/> Write
Other:	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	<input type="checkbox"/> Read <input type="checkbox"/> Speak <input type="checkbox"/> Write
Other:	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	<input type="checkbox"/> Read <input type="checkbox"/> Speak <input type="checkbox"/> Write
Can you provide Speech-Language Services in English and other indicated languages? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, please explain:		

Professional References

Provide the name, relationship, address and telephone number of three professional references.

Name	Relationship	Address & Email	Telephone Number(s)

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer Name	Dates Employed (mm/dd/yyyy)		Work Performed
	From	To	
Address			
Telephone Number(s)	Starting Hourly Rate/Salary		
Job Title			
Supervisor	Final Hourly Rate/Salary		
Reason for Leaving			May We Contact This Employer: <input type="checkbox"/> YES <input type="checkbox"/> NO If no, please explain:

Employer Name	Dates Employed (mm/dd/yyyy)		Work Performed
	From	To	
Address			
Telephone Number(s)	Starting Hourly Rate/Salary		
Job Title			
Supervisor	Final Hourly Rate/Salary		
Reason for Leaving			May We Contact This Employer: <input type="checkbox"/> YES <input type="checkbox"/> NO If no, please explain:

Employment Experience (continued)

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer Name	Dates Employed (mm/dd/yyyy)		Work Performed
	From	To	
Address			
Telephone Number(s)	Starting Hourly Rate/Salary		
Job Title			
Supervisor	Final Hourly Rate/Salary		
Reason for Leaving			May We Contact This Employer: <input type="checkbox"/> YES <input type="checkbox"/> NO If no, please explain:

Clinical Experience and Expertise

If applying for a clinical position, indicate the ESTIMATED years of experience for each age group that corresponds to the type in the left column.

STANDARDIZED ASSESSMENTS	Observed ONLY	Administered Yes/No	Birth – Age 3	Preschool (3-5)	School Age (5-21)	Adult (21-65)	Geriatric (65+)

TREATMENTS	Birth – Age 3	Preschool (3-5)	School Age (5-21)	Adult (21-65)	Geriatric (65+)
Childhood Apraxia of Speech					
Feeding/Swallowing					
Language – Expressive & Receptive					
Aphasia					
Voice					
Apraxia					
Dysarthria					

TREATMENTS	Birth – Age 3	Preschool (3-5)	School Age (5-21)	Adult (21-65)	Geriatric (65+)
Cognitive					
Dementia					
Aural Rehabilitation					
Resonance					
Fluency					
Pragmatics					
Articulation/Phonology					
Augmentative and Alternative Communication					
Auditory Processing, discrimination, memory/cognition					

SETTINGS TREATED	Birth – Age 3	Preschool (3-5)	School Age (5-21)	Adult (21-65)	Geriatric (65+)
CDSA					
Home					
Daycare					
Office Clinic					
School – Pre-K					
School – Elementary					
School – Middle					
School – High School					
School – Charter School					
School – Private					
School – Self-Contained					
School – Head Start					
School – Inclusion Services					
Home Health Agency					
Hospital – Outpatient					
Hospital – Inpatient					
Hospital – Long Term Acute Care					
Skilled Nursing Facility					
Assisted Living Facility					
ICF-MR					
Group Home					

MEDICAL DIAGNOSES TREATED	Birth – Age 3	Preschool (3-5)	School Age (5-21)	Adult (21-65)	Geriatric (65+)
Asperger’s Syndrome					
Autism Spectrum					
Cerebral Palsy					
Cleft Palate					
Down Syndrome					
CVA/Stroke					
TBI					
Tracheostomy					
Hearing Impaired/Loss					
Cochlear Implants					
Genetic Disorders/Syndromes					
Developmental Delays					
Intellectual Disability					
Central Auditory Processing Disorder					

Check or indicate any Special Clinical Certification or Techniques.

SPECIAL CLINICAL CERTIFICATIONS		TECHNIQUES	
<input type="checkbox"/>	VitalStim Certified	<input type="checkbox"/>	Neuro-Developmental Treatment Approach
<input type="checkbox"/>	PROMPT Certified	<input type="checkbox"/>	Beckman Oral Motor Program
<input type="checkbox"/>	FastForWord Certified	<input type="checkbox"/>	Deep Pharyngeal Neuromuscular Stimulation
<input type="checkbox"/>		<input type="checkbox"/>	Fiberoptic Endoscopic Evaluation of Swallowing
<input type="checkbox"/>		<input type="checkbox"/>	Modified Barium Swallow Study
<input type="checkbox"/>		<input type="checkbox"/>	Screening of Speech, Language & Swallowing Disorders
<input type="checkbox"/>		<input type="checkbox"/>	Natural Learning Environment Practices
<input type="checkbox"/>		<input type="checkbox"/>	Coaching
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	

Special Skills and Qualifications

Summarize special job-related skills, qualifications acquired from employment or other information that may be helpful in considering your application.

How Did You Learn About Us?

- Speechcenter staff member
 Speechcenter Direct Mailing
 Speechcenter Representative Presentation
 University Career Day
 Friend
 Advertisement
 Relative
 Speechpathology.com
 AbsolutelyHealthcare/healthjobsusa.com
 NCSHLA Website
 Communiqué Newsletter
 Web Search
 Other _____

Elaborate upon your selection below.



REFERENCE AUTHORIZATION

I understand that references will be contacted, and that appropriate work-related references are not limited to those listed on this application.

I authorize Speechcenter, Inc. to contact and secure information about my educational background, work experience, credit rating and to secure records of licensing, administrative, regulatory or any other government agency, and to contact any other information source relevant to employability. I hereby release Speechcenter, Inc., its subsidiaries, officers and agents from liability for seeking such information, and all other persons, schools, corporations or organizations for furnishing such information.

Signature of Applicant

Date

In processing this employment application, we may request that an investigative consumer report be prepared, which may include information as to your employment, finances and general reputation. If so, you will receive a separate authorization form, in addition to this application.



APPLICANT’S STATEMENT

I certify that I have personally completed this application and the answers given herein are true and correct to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

Any offer of employment is conditioned upon receipt of satisfactory references and an acceptable criminal/civil background check. **I further understand that my employment may require an acceptable drug screen and fingerprinting with state authorities.** I understand that my employment will be on a 90-day introductory basis and that employment may be terminated with or without cause or notice, at any time, at the option of the company. No management representative can enter into an employment agreement for a specific time frame, or which is contrary to the foregoing, without written approval of the Vice-President or President of Speechcenter, Inc.

In the event of my employment, I understand that false or misleading information given in my application or interview(s) constitutes a ground for immediate discharge. I understand, also, that I am required to abide by all rules and regulations of Speechcenter, Inc.

Signature of Applicant

Date

Application Received By:

Signature of Speechcenter, Inc. Representative

Date