

# Employment History

 (Please list your previous employers, starting with the current or more recent employer)

Are you employed at the present?  Yes  No May we contact your present employer?  Yes  No

Employer name (current or most recent):		Phone: ( )	
Address:		City:	State: Zip Code:
Job title:		Immediate supervisor:	
Nature of duties (please explain fully):			
Dates of employment: From: / To: /	Pay: \$ _____ per hr/month	<input type="checkbox"/> full-time <input type="checkbox"/> part-time	Reason for leaving:

Employer name (current or most recent):		Phone: ( )	
Address:		City:	State: Zip Code:
Job title:		Immediate supervisor:	
Nature of duties (please explain fully):			
Dates of employment: From: / To: /	Pay: \$ _____ per hr/month	<input type="checkbox"/> full-time <input type="checkbox"/> part-time	Reason for leaving:

Employer name (current or most recent):		Phone: ( )	
Address:		City:	State: Zip Code:
Job title:		Immediate supervisor:	
Nature of duties (please explain fully):			
Dates of employment: From: / To: /	Pay: \$ _____ per hr/month	<input type="checkbox"/> full-time <input type="checkbox"/> part-time	Reason for leaving:

## References

 (Please list the names, titles, addresses and phone numbers of three former supervisors, managers or teachers other than relatives.)

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## Certification and Acknowledgment

 (Please read carefully and sign)

I certify that all the information I have provided on this application and on any accompanying documents is true and correct. I understand that any false statements I have made herein or my failure to disclose requested information may disqualify me from consideration for employment, or, if employed, may result in my termination.

I hereby authorize Frankly Speaking SLP its agents and employees to contact any reference provided by me during the application process, and I authorize all references so contacted to release any information about me that they may have. I further authorize Frankly Speaking SLP or its agents to perform any investigation of local, state and federal records relating to any criminal conviction I may have. I release Frankly Speaking SLP, its agents, officers and employees, and any reference contacted by Frankly Speaking SLP from any and all liability that may result from any investigation or reference check.

I understand and acknowledge that I may be required to undergo a post-offer, pre-placement physical exam, and a post offer, pre-placement drug screening analysis for substance abuse. I understand that the result may, to the extent permitted by law, result in the revocation of any offer of employment.

I understand and acknowledge that Frankly Speaking SLP will screen my application with the Office of Inspector General ("OIG") and/or the General Services Administration ("GSA") to certify that I am not on the list of individuals excluded from participating in federal programs, including Medicare and Medicaid. Frankly Speaking SLP will not consider me for employment if I am on the "Exclusion List."

I understand and acknowledge that nothing contained in this application or in any interview which I may be granted is intended to create a contract of employment between Frankly Speaking SLP and me. I further understand and acknowledge that, if I am offered employment, I am free to terminate my employment at any time, for any reason, and the company retains the same right.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE