



# COLUMBUS SPEECH & HEARING

EST. 1923

**Employment Application** - The Columbus Speech & Hearing Center (CSHC) offers an equal employment opportunity to all persons without regard to race, color, age, religion, gender, ethnicity, veteran status, socio-economic status, national origin, ancestry, disability, sexual orientation, or any other category protected by federal, state, or local law. No question on this application is intended to secure information to be used for discriminatory purposes. This application for employment will not be considered unless all four pages are fully completed.

## General Information

Please print clearly in permanent ink

Position(s) Applied For \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_  
(first) (middle initial) (last)

Address \_\_\_\_\_  
(street) (city) (state) (zip)

Phone \_\_\_\_\_  
(day time) (evening) (e-mail address)

Are you 18 years of age or older? Y / N *If you are under 18 years of age, you may be required to submit a birth certificate prior to beginning employment, as required by state and/or federal law.*

- Are you eligible for employment in the United States? Y / N - *(Proof of U.S. citizenship or immigration status will be required upon employment)*
- Have you lived in the State of Ohio for the last five years? Y / N  
If not, where did you live? \_\_\_\_\_
- How did you become aware of the position? \_\_\_\_\_
- Have you previously applied for employment at CSHC? Y / N  
If yes, for what position? \_\_\_\_\_
- Have you ever been employed by CSHC? Y / N  
If yes, when? \_\_\_\_\_
- Are you interested in full-time work? Y / N
- Part-time? Y / N Temporary? Y / N
- Days/Hours available \_\_\_\_\_
- Date Available to begin \_\_\_\_\_
- Minimum salary requirement \$ \_\_\_\_\_
- Do you have a valid driver's license? Y / N
- Is your driver's license currently under suspension? Y / N
- Would you object to supplying your own transportation for work use? Y / N  
If yes, please explain \_\_\_\_\_
- The Center requires regular attendance based on the hours required for the position. Is there any reason you could not comply with the Center's attendance requirement? Y / N  
If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Fingerprinting and a background check are required for all employees.**

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**Employment History - Résumés are welcomed but must include a detailed work history for at least the last seven years.** On the following page, beginning with your present or most recent employment, list the jobs you have held, including a brief description of the job duties performed. If your title and duties changed materially in the course of your service in any one organization, indicate such changes clearly. Attach extra sheets if necessary. Major volunteer work may be included as employment; be sure to indicate the nature of the volunteer work and supply other necessary information.

**Current Employer** \_\_\_\_\_ Phone \_\_\_\_\_

Complete Address \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Job Title \_\_\_\_\_

Summarize the type of business and your job responsibilities: \_\_\_\_\_

Immediate Supervisor/Title \_\_\_\_\_ Phone \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact your current employer? Y / N

**Employer** \_\_\_\_\_ Phone \_\_\_\_\_

Complete Address \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Job Title \_\_\_\_\_

Summarize the type of business and your job responsibilities: \_\_\_\_\_

Immediate Supervisor/Title \_\_\_\_\_ Phone \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**Employer** \_\_\_\_\_ Phone \_\_\_\_\_

Complete Address \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Job Title \_\_\_\_\_

Summarize the type of business and your job responsibilities: \_\_\_\_\_

Immediate Supervisor/Title \_\_\_\_\_ Phone \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**Comments** (including explanation of any gaps in employment) \_\_\_\_\_

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**Education** - A transcript of College or University credits will be required for positions that require a college degree.

Graduate School Attended \_\_\_\_\_ Degree granted Y / N & Major \_\_\_\_\_

Undergraduate School Attended \_\_\_\_\_ Degree granted Y / N & Major \_\_\_\_\_

Comm. College/Technical School \_\_\_\_\_ Degree granted Y / N & Major \_\_\_\_\_

High School Attended \_\_\_\_\_ Diploma Y / N GED Y / N

Are you currently a student? Y / N If yes, where? \_\_\_\_\_

Please list any other training or qualifications you have that are relevant to this position. Do not list training that is included as part of your education as described above.

\_\_\_\_\_  
\_\_\_\_\_  
Licensed in Speech Pathology and/or Audiology by the State of Ohio? Y / N License # \_\_\_\_\_

Licensed in Speech Pathology and/or Audiology in another state? Y / N License #/State \_\_\_\_\_

Any other certification or professional license? Y / N List: \_\_\_\_\_

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**Professional Affiliations**

\_\_\_\_\_  
(name of organization) (position) (date)

\_\_\_\_\_  
(name of organization) (position) (date)

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**References** - In the area below, please list the names and addresses of three individuals we may contact for a professional recommendation. Do not list relatives.

**Name** \_\_\_\_\_ **Position** \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Complete Work Address \_\_\_\_\_

**Name** \_\_\_\_\_ **Position** \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Complete Work Address \_\_\_\_\_

**Name** \_\_\_\_\_ **Position** \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

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Complete Work Address \_\_\_\_\_

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**Authorization** - I hereby certify that the information contained in this application is true and correct to the best of my knowledge and I agree to have any of the information verified by the Columbus Speech & Hearing Center. I understand that any falsification or omission by me on this application, or otherwise providing false information will be immediate grounds for dismissal, no matter when the falsification or omission is discovered. I understand I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of the nature and scope of any investigation conducted in connection with my application or employment. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the Columbus Speech & Hearing Center as well as from the use or disclosure of such information by the Columbus Speech & Hearing Center or their representatives.

If I am hired, I agree that my employment and compensation can be terminated with or without cause, and without notice, at any time, at the option for my employer or myself. I understand no representative of the Columbus Speech & Hearing Center has the authority to make any agreement for employment for a specified time or to make any other agreement contrary to the foregoing.

\_\_\_\_\_ Check here if a résumé or additional paperwork has been attached.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_