

K.D.C. Employment Application
Pre-employment Questionnaire - Equal Opportunity Employer

Personal Information:

Date: _____

Name: _____ Specialty: PT OT SLP other
Address: _____ Social Security # _____
_____ Referred by: _____
Home Phone #: _____ Cell Phone #: _____
Email Address: _____

Employment Desired:

Position desired: _____ Start Date: _____
Are you employed? Yes No Current Salary: _____
Availability: _____

Education History:

High School: _____ Graduation Date: _____
College/ Post High School: _____ Graduation Date: _____
Other: _____ Graduation Date: _____

General Information:

Special Training & Skills: _____
Pediatric Therapy Experience: _____
Clinic Experience: _____

Former Employers:

1. Name: _____ Position: _____ Salary: _____
Employed from _____ to _____.
2. Name: _____ Position: _____ Salary: _____
Employed from _____ to _____.
3. Name: _____ Position: _____ Salary: _____
Employed from _____ to _____.
4. Name: _____ Position: _____ Salary: _____
Employed from _____ to _____.

Emergency contact Information:

Name: _____
Address: _____
Phone #'s: _____

Applicant's Name: _____

References:

Reference Name: _____ Phone #: _____

Professional Relationship: _____

Office use:

Reference Name: _____ Phone #: _____

Professional Relationship: _____

Office use:

Reference Name: _____ Phone #: _____

Professional Relationship: _____

Office use:

Do not write below this line

Remarks: _____

Reviewed by: _____ **Date completed:** _____