



Employment Application

Date received: _____

Personal Information

Last Name	First Name	Middle Name	Today's Date
Street Address		City	State Zip Code
Home Phone: (____) _____ - _____		Are you a United States Citizen or legally eligible to work in the U. S.? ____Yes ____No (if hired, you will be required to provide documentation that you are eligible to work in the U.S.)	
Work Phone: (____) _____ - _____			
Other: (____) _____ - _____			
Are you 18 or over? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Title of Position Applying For			Date Available to Work
Are you employed now? _____ If so, may we contact your present employer? _____			

Education

Name and Location	# Years Completed	Major Area of Study	Degree/Diploma
High School			
College			
Graduate School			
Technical or Certificate Programs			
Other Relevant Training			



Employment History

Please provide the following information for your previous three employers, beginning with the most recent or attach your resume *if* it includes the information required below and list "see resume"

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Weekly Pay Start: Finish:		
Reason for Leaving:		

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Address:		
Telephone:	Job Duties:	
Weekly Pay Start: Finish:		
Reason for Leaving:		



Describe your qualifications for the type of employment you are seeking: (Please include skills, special training, etc.)

Please list any special awards, honors, scholarships, or offices held.

Please list the days of the week and the times you are available to work.

References <small>Please list names of supervisors, managers, or others who can comment directly on your abilities:</small>				
Name	Address	Phone #	Relationship/Occupation	Years Known

Please indicate whether you hold the following valid driver's license:

Do you have a valid driver's license ☐ Yes ☐ No

Driver's License Number:

State Issued: ____ Expiration Date: ____

Travel for this position using a personal vehicle is required. The employee will be reimbursed for mileage at the federal rate. Do you have access to an insured and reliable vehicle? ☐ Yes ☐ No



Election of Veteran's Preference

Do you wish to claim a veteran's preference? ☐ Yes ☐ No

If so, please check the preference you are claiming.

☐ Veteran (defined as person separated under honorable conditions who has served on active duty for at least 181 days, or honorably discharged by reason of disability incurred while on active duty).

☐ Disabled Veteran (a veteran having a compensable service connected disability as adjudicated by the U.S. Veterans Administration or the retirement board of one of the branches of the Armed Forces which disability is currently existing).

☐ Spouse of deceased veteran.

☐ Spouse of disabled veteran who is unable to use preference due to disability.

Note: If you elect to use veteran's preference, please enclose proper documentation establishing your right to claim the preference.

Signature _____ Date _____

The Stack Speech Therapy Group, LLC is an Equal Opportunity Employer. It is the policy of the Stack Speech Therapy Group, LLC not to discriminate in employment matters on the basis of race, creed, color, age, marital status, national origin, sex, or status with regard to public assistance or disability.

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if employed, false statements on this application shall be considered sufficient cause of dismissal. You are hereby authorized to make investigation of my personal references.

Signature of Applicant

Date

****Return this application C/O Shanna Stack, MS, CCC-SLP
Send by fax to (406) 797-5008 or by mail 700 SW Higgins Ave, Suite 103
Missoula, MT 59803**