

Neurologic Music Therapy Services of Arizona

2702 North 3rd Street, Suite 1000 Phoenix, Arizona 85004

Phone: 602-840-6410, Voice Mail: 602-277-8610, Fax: 602-840-6431

APPLICATION FOR EMPLOYMENT _____Instructional Assistant _____Habilitator

Please Print:

Name: _____ Application Date: _____
Last First M.I.

Address: _____
Number & Street (Apt. #) City State Zip

Telephone: (____) _____ Social Security Number: _____

Do you have a valid driver's license: Yes____ No ____ Driver's License Number: _____

Position Desired: _____ Full Time: _____ Part Time: _____
(ACT hours are 8:30-2:30 M-Friday)

Other positions for which you are qualified: _____

Date Available for Employment: _____

How far are you willing to travel? _____
(for habilitation only)

Hours you are willing to work (days, evenings, weekends?) Please be aware that core hours at NMTSA are approximately 10:30/11am – 6:30/7 pm M-F: _____
(for habilitation only)

EDUCATION:

	Name/Location	Years Completed	Degree/Course
Grade School:	_____	_____	_____
High School:	_____	_____	_____
College:	_____	_____	_____
College (cont'd):	_____	_____	_____
Graduate School:	_____	_____	_____

Apprentice, Business, Technical, Military or Vocational School: _____

Other Training or Skills (factory, office, special courses, military training, specialized music courses, dance, art, sign language, etc.): _____

List certifications: _____

List professional, trade, business, or civic activities and offices held: _____

Have you ever been convicted of a felony? Yes _____ No _____

Have you been convicted of a misdemeanor within the past five years? Yes _____ No _____

If yes to either of the above questions, please explain fully. This information will not necessarily bar an applicant from employment. _____

Please list all employment starting with present or most recent employer. Account for all periods including unemployment and/or service with the Armed Forces. Also include relevant voluntary and/or part time work experience. Use additional sheets if necessary.

EMPLOYER: _____ From: _____ To: _____

Address: _____
Number/Street/Apt. # City State Zip

Job Title: _____ Pay Rate Start: _____ Ending: _____

Telephone: (____) _____ Supervisor: _____

Describe Duties: _____

Reason for Leaving: _____

EMPLOYER: _____ From: _____ To: _____

Address: _____
Number/Street/Apt. # City State Zip

Job Title: _____ Pay Rate Start: _____ Ending: _____

Telephone: (____) _____ Supervisor: _____

Describe Duties: _____

Reason for Leaving: _____

EMPLOYER: _____ From: _____ To: _____

Address: _____
Number/Street/Apt. # City State Zip

Job Title: _____ Pay Rate Start: _____ Ending: _____

Telephone: (____) _____ Supervisor: _____

Describe Duties: _____

Reason for Leaving: _____

EMPLOYER: _____ From: _____ To: _____

I give Neurologic Music Therapy Services of Arizona the right to investigate all references and to secure additional information about me from references, past and present employers. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information. To the best of my knowledge the information contained on this application is true. Any misrepresentation or deliberate omission of any fact in my application, resume, or any other materials will be justification for refusal of employment, or if employed, termination from employment. I understand that any employment with Neurologic Music Therapy Services of Arizona is not for any fixed period of time and that, if employed, I may resign at any time for any reason or the Company may terminate my employment at any time for any reason not contrary to State and Federal law.

Applicant's Signature

Date

****Please provide Neurologic Music Therapy Services of Arizona with a copy of your current resume, college transcripts, certifications, reference letters, and any other relevant information. Thank You!****