



# INTEGRATIVE MUSIC THERAPY, LLC

8122 Robin Hill Road

Newburgh, IN 47630

Phone: 812-490-9400

Email: casey@inmusictherapy.com

## APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE  
EQUAL OPPORTUNITY EMPLOYER

**By completing and forwarding these documents, you are authorizing  
Optimal Rhythms, Inc. to complete employment reference checks.**

### PERSONAL INFORMATION

DATE \_\_\_\_\_

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO. (    )	EMAIL		

### EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
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ARE YOU EMPLOYED?

Yes

No

IF SO, MAY WE INQUIRE  
OF YOUR PRESENT EMPLOYER?

Yes

No

HAVE YOU EVER APPLIED TO  
THIS COMPANY BEFORE?

Yes

No

WHEN? \_\_\_\_\_

### EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

### GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS	
CREDENTIALS	REFERRED BY

## Attachment to Application for Employment

Please include phone and email addresses, if known, for the employers and references you list on the application.

### Former Employers

(LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM _____ TO _____				
FROM _____ TO _____				
FROM _____ TO _____				
FROM _____ TO _____				

### Professional References

GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

Name and Business	Years Known	Phone	E-mail Address

### Personal References

GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

Name and Relationship	Years Known	Phone	E-mail Address

## Other Employment Questions:

1. Which of the following positions are you currently seeking?

\_\_\_\_\_ **Music Therapist**                      \_\_\_\_\_ **Neurologic Music Therapist**

\_\_\_\_\_ Full time                              \_\_\_\_\_ Full Time

\_\_\_\_\_ Part time                                \_\_\_\_\_ Part Time

\_\_\_\_\_ Other (please explain)              \_\_\_\_\_ Other (please explain)

\_\_\_\_\_ **Admin Assistant**

\_\_\_\_\_ Full time                                \_\_\_\_\_ Part Time

\_\_\_\_\_ Part time                                \_\_\_\_\_ Full Time

\_\_\_\_\_ Other (please explain)              \_\_\_\_\_ Other (please explain)

\_\_\_\_\_ **Direct Support Staff (PAC/Respite)**

\_\_\_\_\_ Part Time

\_\_\_\_\_ Full Time

\_\_\_\_\_ Other (please explain)

2. How soon are you available to start working?

3. What days and hours are you available to work?

4. Do you have reliable transportation? Yes / NO

5. Are you certified in CPR? Yes / NO First Aid? Yes / NO Dates: \_\_\_\_\_

6. Do you have other responsibilities that may interfere with your ability to provide services consistently? If so, please explain.

6. Why are you seeking this position?

7. Describe your comfort level related to working with individuals with neurobehavioral differences or developmental disabilities.

8. Tell us about your experience with autism spectrum disorder, if any.

### AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal."

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

## AUTHORIZATION TO RELEASE INFORMATION

**By completing and forwarding these documents, you are authorizing Optimal Rhythms, Inc. to complete employment reference checks.**

The undersigned has applied for employment with Optimal Rhythms, Inc. (prospective employee) and hereby authorizes and directs you and your Organization to provide the Prospective Employer with all information about me and my employment information relating to my: dates of employment, job titles, employment application; performance evaluations; wage or salary history; disciplinary actions, if any; attendance record and reason for leaving.

I am aware that Indiana law provides immunity to you and your organization when you disclose information about me, unless the information disclosed was known to be false at the time the disclosure was made.

In exchange for your cooperation, I hereby agree that I will not bring any suit or action against you and your organization, its officers or agents, for providing any requested information that is not known to be false at the time of providing it to the Prospective Employer.

I have executed and dated one original of this authorization, which will be maintained by the Prospective Employer, and you are authorized to respond to the Prospective Employer's requests as if this document were the original. This Authorization shall remain valid indefinitely or until such time as it is revoked by me in writing and delivered to you.

Thank you for your cooperation.

Signature: \_\_\_\_\_

Print Name \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Applicant's SS#: \_\_\_\_\_

Date: \_\_\_\_\_

————— DO NOT WRITE BELOW THIS LINE —————

**APPLICANT NAME:** \_\_\_\_\_

**Interviewed By:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**REMARKS**


**REFERENCE CHECKS**


NEATNESS		CHARACTER		
PERSONALITY		ABILITY		
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES