



**Odelia Mirzadeh, M.S., CCC-SLP**  
**Speech & Language Pathologist**  
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## APPLICATION FOR EMPLOYMENT

(Equal Opportunity Employer)

**Innovative Speech & Language Pathology** is an equal opportunity employer and does not discriminate in hiring or employment on the basis of any legally protected characteristic, including, but not limited to, race, color, religion, national origin, marital status, sex, ancestry, age, sexual preference, veteran status or on the basis of disabilities which, with reasonable accommodation, render the applicant qualified to satisfactorily perform the job available.

**All questions must be answered. Please use ink or type.**

DATE	REFERRED BY - SOURCE
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<b>PERSONAL INFORMATION</b>					
FULL NAME: LAST		FIRST		MIDDLE	Date of birth:
PRESENT ADDRESS	STREET	CITY	STATE	ZIP	TELEPHONE #
PREVIOUS ADDRESS	STREET	CITY	STATE	ZIP	CELL/ALTERNATE #
POSITION APPLIED FOR AND DESIRED SALARY/HOURLY RATE			DATE AVAILABLE		E-MAIL ADDRESS
HOW DID YOU LEARN OF OUR COMPANY?					
HAVE YOU PREVIOUSLY APPLIED FOR EMPLOYMENT WITH OUR COMPANY?      p YES      p NO IF YES, WHEN AND FOR WHAT POSITION?					
IF HIRED, CAN YOU FURNISH PROOF THAT YOU ARE 18 YEARS OF AGE, OR IF UNDER 18, DO YOU HAVE A PERMIT TO WORK?      p YES      p NO		IF HIRED, CAN YOU SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO LIVE AND WORK IN THE U.S.?      p YES      p NO			
CHECK THE FOLLOWING OPTIONS WHICH YOU WOULD CONSIDER: p FULL TIME      p PART TIME      p TEMPORARY		WERE YOU PREVIOUSLY EMPLOYED BY THIS COMPANY?      WHEN? p YES      p NO			
ARE YOU WILLING TO WORK OVERTIME IF ASKED?      p YES      p NO		ARE THERE ANY DAYS OR HOURS WHICH YOU ARE NOT ABLE TO WORK?      p YES      p NO IF YES, PLEASE DESCRIBE:			
PLEASE INDICATE OTHER NAMES YOU HAVE USED IN PREVIOUS EMPLOYMENT OR SCHOOLING (FOR REFERENCE ONLY):		LIST ANY RELATIVE(S) WORKING FOR THIS COMPANY: NAME:  POSITION:			
ARE YOU ABLE, WITH OR WITHOUT ACCOMMODATION, TO PERFORM THE ESSENTIAL TASKS OF THE JOB FOR WHICH YOU ARE APPLYING?  p YES      p NO		HAVE YOU EVER BEEN CONVICTED OF A CRIME?  Do not include (a) minor traffic violations, (b) marijuana-related convictions dated more than two years ago, (c) convictions that have been judicially ordered sealed, expunged, statutorily eradicated, or dismissed. (A conviction will not necessarily disqualify an applicant. Each case will be evaluated on its own facts and circumstances.)      p YES      p NO  If you answered "yes", please explain and include the date(s), court(s), nature of offense(s), and disposition(s).			

EDUCATION AND TRAINING				
NAME AND LOCATION OF SCHOOL(S)	MAJOR SUBJECTS	NO. OF YEARS ATTENDED	GRADUATED	DEGREE
HIGH SCHOOL			p YES      p NO	
COLLEGE			p YES      p NO	
POST GRADUATE			p YES      p NO	
SPECIAL TRAINING/TRADE SCHOOLS			p YES      p NO	
HONORS RECEIVED				
INDICATE ANY ADDITIONAL OR SUPPLEMENTAL EDUCATION, INCLUDING EXTENSION COURSES, SEMINARS, MILITARY TRAINING, ETC. THAT APPLIES TO THE POSITION YOU ARE APPLYING FOR:				
LIST ANY OTHER EXPERIENCE, TRAINING, QUALIFICATIONS OR SKILLS WHICH YOU FEEL MAKE YOU ESPECIALLY SUITED FOR WORK AT THE COMPANY.				
<b>MILITARY</b> HAVE YOU EVER SERVED IN THE MILITARY?    p YES      p NO      DID YOU RECEIVE A DISHONORABLE DISCHARGE?    p YES      p NO				
PLEASE DESCRIBE ANY SPECIAL SKILLS OR ABILITIES AS THE RESULT OF SERVICE IN THE MILITARY:				
EMPLOYMENT HISTORY				
Start with your most recent employment and list all jobs you have held in the past 10 years, including time spent in school, self employment, etc. Please account for all time whether or not employed. Additional information may be written on a separate sheet and attached. Please complete carefully. Do not answer "See Resume."				
To prevent the possibility of jeopardizing your present position, we do not contact your present employer unless you indicate that we may.				
MAY WE CONTACT YOUR PRESENT EMPLOYER?      p YES      p NO				
HAVE YOU EVER BEEN TERMINATED OR ASKED TO RESIGN FROM EMPLOYMENT?    p YES      p NO				
IF YES, PLEASE EXPLAIN:				
Are you subject to any contractual agreement, such as a non-compete and/or no-solicitation agreement, which could potentially limit your eligibility to enter into immediate employment with the Company?				
p YES      p NO      If yes, please identify the employer(s) : _____				
COMPANY NAME		ADDRESS		PHONE NO.
JOB TITLE	SUPERVISOR	FROM	TO	
		MO.      YR.	MO.      YR.	
DESCRIBE JOB DUTIES AND RESPONSIBILITIES				
REASON FOR LEAVING		STARTING PAY/COMPENSATION \$	ENDING PAY/COMPENSATION \$	
COMPANY NAME		ADDRESS		PHONE NO.
JOB TITLE	SUPERVISOR	FROM	TO	
		MO.      YR.	MO.      YR.	

DESCRIBE JOB DUTIES AND RESPONSIBILITIES				
REASON FOR LEAVING		STARTING PAY/COMPENSATION \$		ENDING PAY/COMPENSATION \$
COMPANY NAME		ADDRESS		PHONE NO.
JOB TITLE	SUPERVISOR	FROM  MO.                      YR.		TO  MO.                      YR.
DESCRIBE JOB DUTIES AND RESPONSIBILITIES				
REASON FOR LEAVING		STARTING PAY/COMPENSATION \$		ENDING PAY/COMPENSATION \$
COMPANY NAME		ADDRESS		PHONE NO.
JOB TITLE	SUPERVISOR	FROM  MO.                      YR.		TO  MO.                      YR.
DESCRIBE JOB DUTIES AND RESPONSIBILITIES				
REASON FOR LEAVING		STARTING PAY/COMPENSATION \$		ENDING PAY/COMPENSATION \$
COMPANY NAME		ADDRESS		PHONE NO.
JOB TITLE	SUPERVISOR	FROM  MO.                      YR.		TO  MO.                      YR.
DESCRIBE JOB DUTIES AND RESPONSIBILITIES				
REASON FOR LEAVING		STARTING PAY/COMPENSATION \$		ENDING PAY/COMPENSATION \$
<b>REFERENCES</b>				
Please provide 5 work-related and/or personal references we may contact.				
NAME	COMPANY/HOME ADDRESS	TELEPHONE NUMBER	RELATIONSHIP	YEARS ACQUAINTED

## ADDITIONAL INFORMATION

LIST ANY MACHINES, EQUIPMENT OR SOFTWARE YOU MAY OPERATE OR ARE PROFICIENT IN THAT RELATE TO THE POSITION YOU ARE APPLYING FOR:

DO YOU HAVE ANY COMMITMENTS TO ANOTHER EMPLOYER THAT MIGHT AFFECT YOUR EMPLOYMENT WITH OUR COMPANY?    ☐ YES                      ☐ NO

IF YES, PLEASE EXPLAIN:

## DRIVING HISTORY

YOU MAY BE REQUIRED TO DRIVE A VEHICLE. DO YOU HAVE A VALID DRIVER'S LICENSE?    p YES            p NO

IF YES, WHICH STATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

DURING THE PAST 5 YEARS, HAVE YOU EVER BEEN DENIED A DRIVER'S LICENSE, OR CONVICTED OF A MOVING TRAFFIC OFFENSE, INCLUDING, BUT NOT LIMITED TO, DRIVING WHILE INTOXICATED OR RECKLESS DRIVING?

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

(CONTINUED ON NEXT PAGE)

**CERTIFICATION**

Please read carefully before signing. If you have any questions about the following, please ask for clarification.

- I hereby certify that I have personally completed this employment application. I further certify that the answers given by me are true and correct without omissions of any kind whatsoever. I understand that any omission or misstatement of fact on this application (or on any document used to secure employment) shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. I agree that the Company shall not be liable in any respect if my employment is terminated because of the falsity of statements, answers or omissions made by me in this application (or any document used to secure employment).
- If selected for employment by the Company, I acknowledge my employment will be contingent upon a satisfactory background check, including the verification of the information provided in this application and/or during the interviewing process.
- I hereby authorize the Company to thoroughly investigate my references, prior employment, work record, education and any other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the Company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.
- In consideration of my employment, I agree to conform to the policies and procedures and rules and standards of the Company, and agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, at my option or at the option of the Company. I understand that no employee or representative of the Company besides Odelia Mirzadeh has any authority to enter into any agreement for employment for any specified period of time or to make any agreement that is not “at will” employment. Any such agreement with Ms. Mirzadeh shall only binding if made in writing and signed by both the employee and Ms. Mirzadeh.
- I agree that if employed, upon separation of my employment I agree to return all Company property in my possession.
- I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD, AND AGREED TO THE ABOVE STATEMENTS, AND CERTIFY UNDER PENALTY OF PERJURY THAT THIS APPLICATION IS TRUE AND CORRECT.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE SIGNED