



P. 860.222.3122 F. 860.222.8481  
 katie@colemanpediatrictherapy.com  
 colemanpediatrictherapy.com  
 50 Pleasant Street., Unit 1, Norwich, CT 06360

*Coleman Pediatric Therapy LLC does not discriminate on the basis of age, color, national origin, sex, sexual orientation, or disability.*

## EMPLOYMENT APPLICATION

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

### Send Completed Application & Resume to:

Email: [katie@colemanpediatrictherapy.com](mailto:katie@colemanpediatrictherapy.com)

Mail: Coleman Pediatric Therapy LLC

Katie Coleman , Executive Director

50 Pleasant Street Unit 1

Norwich, CT 06360

*\*\*If you require accommodation(s) for any handicapped or disabled condition in the application and/or interview process, please inform us so we can accommodate.*

### GENERAL INFORMATION

<b>Full Name:</b>		
<b>Address:</b>		
<b>Phone Number:</b>	<b>Home:</b>	<b>Cell:</b>
<b>Email Address:</b>		
<b>Position Applying For:</b>		
<b>Anticipated Compensation:</b>		
<b>Anticipated # of hours/week:</b>		

Are you eligible to legally work in the United States?

- Yes  
 No

*Please note that proof of eligibility to work in the United States is required if selected to hire.*

### CERTIFICATION/LICENSURE (If Applicable)

*Please list any and all certifications and licensures you currently hold.*

Field/Area of Practice	Expiration Date	State & Certification #

### EDUCATIONAL BACKGROUND

*Please list all completed degrees, as well as any coursework/fieldwork toward a degree, certification, or licensure applicable to the position for which you are applying for.*

Degree	Name & Location	Major	Minor	Date of Completion
Associate's				
Bachelor's				
Master's				
Doctorate				
Other				
Other				

### EMPLOYMENT HISTORY

*Please list all relevant job experiences, beginning with your current or most recent position.*

Employer	Dates	Nature of Position	Reason for Leaving
	to		
	to		
	to		
	to		
	to		
	to		

### BRIEF QUESTIONNAIRE

*Please answer each of the following questions to your best ability. The space provided should be adequate, however if additional space is needed, please attach additional pages.*

**Please describe your experiences working with children and/or adolescents, with and without various abilities. Include details of the age ranges you have experience with.**

**Please describe your experiences working with families of the above children and/or adolescents.**

**A percentage of your pay is determined by your production. For example, as a therapist, your production is your ability to provide services to families in need (treatment hours). Please comment on the extent of your willingness to work and produce as part of a team.**

### AVAILABILITY

Please complete the chart below, indicating any and all times you would be available for this position.

	AM	PM
<b>Monday</b>		
<b>Tuesday</b>		
<b>Wednesday</b>		
<b>Thursday</b>		
<b>Friday</b>		
<b>Saturday</b>		

### REFERENCES

For reference purposes only, please complete the following information.

May we contact your current supervisor and any references or individuals associated with your current employer?

- Yes
- No

If no, please indicate why:

Please indicate an immediate supervisor for each reference listed below.

#### Reference #1

<b>Name</b>	
<b>Company</b>	
<b>Position</b>	
<b>Address</b>	
<b>Work Phone</b>	
<b>Email Address</b>	

#### Reference #2

<b>Name</b>	
<b>Company</b>	
<b>Position</b>	
<b>Address</b>	
<b>Work Phone</b>	
<b>Email Address</b>	

#### Reference #3

<b>Name</b>	
<b>Company</b>	
<b>Position</b>	
<b>Address</b>	
<b>Work Phone</b>	
<b>Email Address</b>	



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### **CERTIFICATION OF TRUTHFULNESS**

*All information provided by me in support of this application for employment is true and correct to the best of my knowledge. I understand that misrepresentation or omissions may be the cause of rejection and/or may be the cause for subsequent dismissal if I am hired.*

\_\_\_\_\_  
**Applicant's Signature**

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

**This application will be kept active for one year from the signature date. Please inform us in writing of any changes or desire to keep your file active.**

***Thank you for your interest in this job opportunity with Coleman Pediatric Therapy LLC.***