



Center for Music Therapy, Inc.

711 W. 38th Street, Bldg. F-4
Austin, Texas 78705
Telephone 512.472.5016
www.centerformusictherapy.com

Application for Employment

Please read carefully and complete by printing in ink or typing.

| | | | | |
|---|-------|-----|------------------------|---------------------|
| Last Name | First | MI | For Personnel Use Only | Date of Application |
| Street Address | | | Social Security Number | |
| City | State | Zip | Home Telephone | Work Telephone |
| Permanent Address (if different from above) | | | Email Address | Fax |

Employment Record

Starting with the present, or most recent, list all previous employers. Include self-employment and summer and part-time jobs. If more space is required, please continue on a separate sheet. You may attach a resumé in addition to completing this form.

| | | | | |
|-----------------------------|------|-----------------|---------------------------------|--|
| Last or present employer | | | Job Title | |
| Street Address | | | Brief Description of Job Duties | |
| City State Zip | | | | |
| Supervisor's Name Telephone | | | | |
| Base Salary | From | Dates Worked To | Reason for Leaving | |

| | | | | |
|-----------------------------|------|-----------------|---------------------------------|--|
| Last or present employer | | | Job Title | |
| Street Address | | | Brief Description of Job Duties | |
| City State Zip | | | | |
| Supervisor's Name Telephone | | | | |
| Base Salary | From | Dates Worked To | Reason for Leaving | |

Employment Record (Continued)

| | | | | |
|--------------------------|-------|---------------------------------|--------------------|-----------|
| Last or present employer | | Job Title | | |
| Street Address | | Brief Description of Job Duties | | |
| City | State | | | Zip |
| Supervisor's Name | | | | Telephone |
| Base Salary | From | Dates Worked To | Reason for Leaving | |

| | | | | |
|--------------------------|-------|---------------------------------|--------------------|-----------|
| Last or present employer | | Job Title | | |
| Street Address | | Brief Description of Job Duties | | |
| City | State | | | Zip |
| Supervisor's Name | | | | Telephone |
| Base Salary | From | Dates Worked To | Reason for Leaving | |

| | | | | |
|--------------------------|-------|---------------------------------|--------------------|-----------|
| Last or present employer | | Job Title | | |
| Street Address | | Brief Description of Job Duties | | |
| City | State | | | Zip |
| Supervisor's Name | | | | Telephone |
| Base Salary | From | Dates Worked To | Reason for Leaving | |

Education

| School Name | Location (City, State) | Dates Attended | | GPA | Degree Received |
|--------------------------|------------------------|----------------|----|-----|-----------------|
| | | From | To | | |
| | | | | | |
| | | | | | |
| Other Education/Training | | | | | |

Internship

| | |
|--------------------|-----------------------------|
| Internship Site | Type of Population Served |
| Street Address | Brief Description of Duties |
| City State Zip | |
| Supervisor's Name | Dates of Internship |
| Supervisor's Title | Supervisor's Telephone |

Credentials

| | |
|----------------------|-----------------|
| Certification Number | Expiration Date |
| Other Credentials: | |

Professional/Work References

List two past supervisors and one person (not related to you) who have knowledge of your qualifications for the position for which you are applying.

| Name | Title/Relationship | Address (Street, City, State & Zip) | Telephone (with Area Code) | Occupation |
|------|--------------------|--|-------------------------------|------------|
| | | | | |
| | | | | |
| | | | | |

May we contact your present employer? *Circle One* Yes No

| | |
|----------------|-------------------------|
| Date Available | Wage or Salary Required |
|----------------|-------------------------|

I hereby certify that the answers and other information on this application are true and correct and that I understand any misrepresentation or omission of facts on my part will be justification for separation from the company's service, if employed. I understand that my employment may be contingent upon receipt of an alien registration number, verification of birth, and any other pertinent information bearing upon my employment, and that my continued employment depends upon the will of the company or myself.

Date Signature

If any of your educational or employment records are under names, please provide those name in the space provided below.

An Equal Opportunity Employer

We are an equal opportunity employer, and we do not and will not discriminate on the basis of race, religion, national origin, sex, age, handicap, marital status, or status as a disabled veteran. Information provided on this application will not be used for any discriminatory purpose.