



ASHA
American Speech-Language-Hearing Association
2200 Research Boulevard
Rockville, Maryland 20850-3289

EMPLOYMENT APPLICATION

It is the policy of the American Speech-Language-Hearing Association to provide equal opportunity to all employees without regard for race, sex, national origin, religion, marital status, disability, veteran's status, age, sexual orientation or LGBT status, genetic information, citizenship, or any other factor protected by applicable federal, state, or local laws and ASHA's Bylaws. This policy applies to recruiting, hiring, transfer, promotion, compensation and benefits, upward mobility, training and development, access to facilities, termination, and other personnel actions. Under the direction of the Chief Executive Officer, with a firm commitment from coaches at all levels within the organizational structure of the National Office, affirmative action will be taken to ensure the full utilization of members of racial/ethnic minority groups, women, persons with disabilities, and Vietnam and disabled veterans within our workforce.

PERSONAL INFORMATION

Name (Last),	(First)	(Middle)	Date
Street Address		Preferred Contact Number	
City	State	Zip Code	

CAREER INTERESTS

Indicate below, the type of employment for which you are applying:

Full-time
 Part-time
 Temporary

Position Desired	Minimum Salary Required	Date Available For Work
Hours Available For Work	Days Available For Work	

GENERAL INFORMATION

Yes No Are you legally authorized to accept the employment in the United States indicated above? Proof of identity and employment authorization will be required upon employment for purpose of completing a Form 1-9.

Yes No Will you now or in the future require sponsorship for employment visa status (e.g., H-1B visa status) to work legally for our Company in the United States?

Yes No Are you under 18 years of age? If yes, please state date of birth. _____ There are certain job responsibilities which are restricted to employees over the age of 18.

Yes No Are you related biologically or by legal action to any ASHA employee? If yes, please state name and relationship.

Yes No Have you ever applied for a position with ASHA before? If yes, please state date applied and position.

Yes No Have you ever worked for ASHA before? If yes, please state dates of employment and previous title.
 _____ Why did you leave ASHA? _____

Yes No Have you ever been known under another name? If so, please indicate. _____

EDUCATION

School Level	Name and Location of School	Dates Attended	Did You Graduate?	Degree and Major Course
High School				
College		From: To:		
Graduate/Professional		From: To:		
Other		From: To:		

EMPLOYMENT HISTORY

Begin with your most recent/present employer and list all work experience in order. Please include all full-time, part-time and temporary positions. Please explain all gaps of more than three months between jobs. Submit additional sheets if necessary.

 Name of Employer

 Title of Position

 Name of Supervisor

 Address

 Reason for Leaving: _____

 List Major Responsibilities

From _____ To _____
 Month/Year Month/Year

Full-time Part-time Temporary

Phone _____ May we contact? Yes No

 Name of Employer

 Title of Position

 Name of Supervisor

 Address

 Reason for Leaving: _____

 List Major Responsibilities

From _____ To _____
 Month/Year Month/Year

Full-time Part-time Temporary

Phone _____ May we contact? Yes No

Name of Employer _____ From _____ To _____
 Month/Year Month/Year

Title of Position _____ Full-time Part-time Temporary

Name of Supervisor _____ Phone _____ May we contact? Yes No

Address _____

Reason for Leaving: _____

List Major Responsibilities _____

Name of Employer _____ From _____ To _____
 Month/Year Month/Year

Title of Position _____ Full-time Part-time Temporary

Name of Supervisor _____ Phone _____ May we contact? Yes No

Address _____

Reason for Leaving: _____

List Major Responsibilities _____

Please list any additional skills, experience, honors, awards, or information you feel may be helpful to us in considering your application.

Please list references we may contact if we are unable to contact your supervisor(s) listed above. Please list only those persons who should have knowledge of your job performance. Exclude relatives.

Name	Relationship	Phone Number	Company Name
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PLEASE READ CAREFULLY BEFORE SIGNING

If you have any questions regarding the following statements, please ask for assistance from our Human Resources Division before signing.

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.

An offer of employment is contingent upon the applicant's ability to provide documented proof of identity and authorization for employment in the United States for purposes of completing a Form 1-9, as required by the Immigration Reform and Control Act.

I authorize investigation of all information contained in this application, and I authorize the persons, schools, employers, organizations, and entities named in this application to provide ASHA with all information that may be required to arrive at an employment decision. I hereby release from liability ASHA and its representatives for seeking, gathering, and using such information and all other persons, schools, corporations, or organizations for furnishing such information. I certify that the information I have provided on this application is complete and accurate to the best of my knowledge. I understand that a false answer, misrepresentation, or omission of any material fact will constitute grounds for disqualifying me for employment or dismissal if I am employed.

I further understand that if I am hired, my employment with the American Speech-Language-Hearing Association is on an "at will" basis, which means that my employment may be terminated at any time with or without cause, for any cause not prohibited by law, and/or with or without notice. Only the Chief Executive Officer of ASHA has authority to change this basis of the employment relationship, and any change of such basis must be contained in a written contract signed by the Chief Executive Officer and me to be effective.

This application is effective only for 30 days. At the conclusion of that time, if I have not heard from ASHA and still wish to be considered for employment, I understand that it will be necessary to fill out a new application form.

I acknowledge that I have read and understand all of the foregoing statements, including the statement regarding lie detector tests.

Signature

Date



Equal Opportunity/Affirmative Action Information

It is the policy of the American Speech-Language-Hearing Association (ASHA) to provide equal employment opportunity to all employees and applicants regardless of race, color, sex or gender, national origin, citizenship, religion, marital status, disability or handicap, veteran status, military service commitment, age, sexual orientation, genetic information, or any other factor protected by applicable federal, state, and local laws and ASHA bylaws. The information requested below is voluntary and will be kept confidential. Neither disclosure of the requested information on this sheet nor refusal to provide it will affect our consideration of you for employment or result in any adverse treatment. Any information provided will be used only in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Name (Last), (First) (M.I.) Date

Position Applied For

CHECK ONE: Male Female

CHECK ONE: White (Not Hispanic or Latino)
 Black/African American (Not Hispanic or Latino)
 Hispanic
 Asian (Not Hispanic or Latino)
 Native Hawaiian/Other Pacific Islander (Not Hispanic or Latino)
 American Indian/Alaska Native (Not Hispanic or Latino)
 Two or more races (Not Hispanic or Latino)

REFERRAL SOURCE - CHECK ANY OF THE FOLLOWING THAT APPLY TO YOU:

- Website (which one) _____
- Employee Referral (name) _____
- Newspaper Advertisement
- Social Media Channel (which one) _____
- Other (please specify) _____

Signature of Applicant