



ASHA
American
Speech-Language-Hearing
Association

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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.

_____	From _____	To _____
Name of Employer	Month/Year	Month/Year
_____	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
Title of Position	<input type="checkbox"/> Temporary	
_____	Phone _____	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Supervisor		

Address		

Reason for Leaving: _____		
List Major Responsibilities		

_____	From _____	To _____
Name of Employer	Month/Year	Month/Year
_____	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
Title of Position	<input type="checkbox"/> Temporary	
_____	Phone _____	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Supervisor		

Address		

Reason for Leaving: _____		
List Major Responsibilities		

_____ Name of Employer	From _____ Month/Year	To _____ Month/Year
_____ Title of Position	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time <input type="checkbox"/> Temporary
_____ Name of Supervisor	Phone _____ May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
_____ Address		
_____ Reason for Leaving: _____		
_____ List Major Responsibilities		

_____ Name of Employer	From _____ Month/Year	To _____ Month/Year
_____ Title of Position	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time <input type="checkbox"/> Temporary
_____ Name of Supervisor	Phone _____ May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> 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