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Cook Speech and Language is an Equal Opportunity Employer and EEO/Affirmative Action Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications, and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

PLEASE TYPE OR PRINT. Complete both sides of the application. You may attach a resume, but you must still complete all questions; **and sign the application** or your application will be deemed incomplete and will not be considered. Please fill out each box (do not simply indicate "See Resume.")

Position Applying For:	Name (Last, first, middle)		Other names under which you have attended school or been employed:
Street Address		City, State & ZIP	
Employee ID (if applicable)	Home Phone and/or Cell Phone	Work Phone	E-mail address

Are you eligible to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, what is your current age?
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, what is your current job title & employer?
Have you ever been employed by Cook Speech and Language?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, dates of employment & reason for leaving:
Are you related to any current Cook Speech and Language employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, their name & their relationship to you?
If required for position, do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, State of issuance, license #, and expiration date:
How did you learn about this employment opportunity at Cook Speech and Language? Check all that apply: <input type="checkbox"/> Ad in <i>Sacramento Bee</i>		
<input type="checkbox"/> Walk-in <input type="checkbox"/> CSL Website <input type="checkbox"/> CA Dept. of Labor <input type="checkbox"/> Ad on <i>Craigslist</i>		
<input type="checkbox"/> Referral by a CSL employee <input type="checkbox"/> University of _____ <input type="checkbox"/> Other:		

EDUCATION

Name of School	City/State	Did you graduate?	If No, # of years left to graduate	If Yes, date of Graduation	Degree received	Major
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No				
GED		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other School e.g., Vocational		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College		<input type="checkbox"/> Yes <input type="checkbox"/> No				

Other credentials/ licenses/ professional affiliations, etc., which are relevant to the job(s) for which you are applying.

SKILLS: Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert)

OVER →

For Human Resources Use Only:	ELIGIBILITY: <input type="checkbox"/> Yes <input type="checkbox"/> No	Checked by:	Date:
AppIID assigned:	TYPING MEETS MHS? <input type="checkbox"/> Yes <input type="checkbox"/> No	WPM:	By: Date:

WORK EXPERIENCE-Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. PLEASE DO NOT complete this information with the notation "See Resume." Application must demonstrate MHS (Minimum Hiring Standards). PLEASE NOTE: Cook Speech and Language reserves the right to contact all current and former employers for reference information.

Dates Employed (most recent position) From: _____ / _____ to _____ / _____ mo yr mo yr	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk:	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving

Dates Employed From: _____ / _____ to _____ / _____ mo yr mo yr	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk:	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact these references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:

Dates Employed From: _____ / _____ to _____ / _____ mo yr mo yr	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk:	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone Number:	Other Reference Name, Title and Phone Number:	Contact these references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION. (Please Sign Application)

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize Cook Speech and Language to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of California State serve at-will, and the employment relationship may be terminated at any time by either party, or any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States, to file a State security questionnaire and State loyalty oath, and to comply with Cook Speech and Language regulations. I understand that if employed on a temporary basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off. I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice. I understand that the first SIX MONTHS of regular employment represent a provisional period, during which I would not be eligible to apply for transfer or promotion and during which I may be terminated without right of appeal.

APPLICANT SIGNATURE _____ DATE _____