



**114 North Main Street Suite A  
 Marksville, LA 71351  
 Phone: 318-597-5112  
 Fax: 318-597-5115**

**610 Pinhook Rd  
 Lafayette, LA 70503**

Please return in person, via fax, or email to [jdekle@sptaba.com](mailto:jdekle@sptaba.com)

**APPLICANT INFORMATION**

Last Name		First		M.I.		Date	
Street Address				Apartment/Unit #			
City			State		ZIP		
Phone			E-mail Address				
Date Available			Social Security No.			Desired Salary	
Position Applied for							
Referred By:							
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?				
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain				
Will you be requesting any extended leave within the next 6 months?	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
If yes, how much time and when?							
Do you have any relatives currently employed with Beyond A Spectrum?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, who?				

**EDUCATION \*\*\*NOT APPLICABLE IF COLLEGE GRADUATE (ATTACH RESUME WITH INFORMATION)\*\*\***

High School				Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
College				Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Other				Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	

**Please include a copy of Diploma**

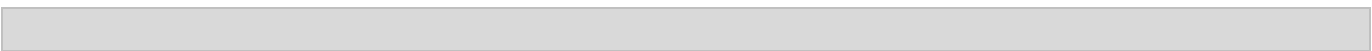
**REFERENCES**

Please list three professional references.

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

**PREVIOUS EMPLOYMENT**

Company		Phone	
Address		Supervisor	
Job Title		Starting Salary \$	Ending Salary \$
Responsibilities: (N/A If provided on resume)			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title		Starting Salary \$	Ending Salary \$
Responsibilities (N/A If provided on resume)			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title		Starting Salary \$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			



**MILITARY SERVICE**

Branch

From

To

Rank at Discharge

Type of Discharge

If other than honorable, explain

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my know ledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release from Spectrum Pediatric Therapies.

Signature

Date

Please tell us why you would like to join our team and work at SPT!

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