



EMPLOYMENT APPLICATION

Please complete the entire application.

1. Employer Information

Employer: Aspire Music Therapy, LLC
Address: 6620 Angello Court
City/State/ZIP: Fort Wayne, Indiana 46835
Telephone: 260-255-4502

It is the policy of Aspire Music Therapy, LLC to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

2. Job Position Applied For: Employee Music Therapist

Aspire Music Therapy, LLC is looking to hire a creative and compassionate music therapist to join our growing company in the Fort Wayne, IN area. We are excited to hire a new team member who is motivated, collaborates well with other professionals, and builds authentic rapport with their clients.

3. Applicant Information

| | |
|------------------------------|--|
| Applicant Full Name: | |
| Home Address: | |
| City/State/ZIP: | |
| Best Phone Number: | |
| Email Address: | |
| CBMT Number or Date of Test: | |

Please also send in a copy of your resume and cover letter.

4. Emergency Contact

Who should be contacted if you are involved in an emergency?

| | |
|----------------------|--|
| Contact Name: | |
| Relationship to you: | |
| Address: | |
| City/State/ZIP: | |
| Daytime phone: | |
| Evening phone: | |

5. References

Please provide two references that we may contact, at least one being in the music therapy field.

| | |
|----------------------|--|
| Reference Name: | |
| Relationship to you: | |
| Phone Number: | |

| | |
|----------------------|--|
| Reference Name: | |
| Relationship to you: | |
| Phone Number: | |

6. Other Information

Please provide any other information that you believe should be considered.

| |
|--|
| |
| |
| |
| |
| |
| |

CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Aspire Music Therapy, LLC to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Owner, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Aspire Music Therapy, LLC, except in a specific written contract of employment signed on behalf of the organization by its Owner, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE

DATE