



**THERAPIST APPLICATION**

**DISCOVERY PROGRAM, INC.  
704 Thimble Shoals Blvd, 500C  
Newport News, VA 23606**

Your interest in **Discovery Program, Inc.** is appreciated.

We invite you to complete this application and return it to our office. We will contact your references.

**A. Name and Address**

Full name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Application date: \_\_\_/\_\_\_/\_\_\_

Date available: \_\_\_/\_\_\_/\_\_\_

Present address: \_\_\_\_\_

Phone: days (\_\_\_\_) \_\_\_\_\_ evenings (\_\_\_\_) \_\_\_\_\_ cell phone: (\_\_\_\_) \_\_\_\_\_

Best time to call you? \_\_\_\_\_

Permanent address and phone number if different than present address:

\_\_\_\_\_  
\_\_\_\_\_

**B. Position Desired**

Please indicate the age group of students you would be willing to work with in the parenthesis (X).

( ) Kindergarten/1<sup>st</sup> grade (SEARCH & TEACH)

( ) Elementary

( ) Middle School

( ) High School

( ) Full time

( ) Part time

Are you a U. S. citizen? ( ) Yes ( ) No

**C. Professional Qualifications**

\*Please attach photocopies of all your post-secondary transcripts.

What degree or degrees do you hold? \_\_\_\_\_

Degree

Date received

Issuing Institution

\_\_\_\_\_  
\_\_\_\_\_

Your major(s)

\_\_\_\_\_  
\_\_\_\_\_

Your minor(s)

\_\_\_\_\_  
\_\_\_\_\_



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Cumulative grade point average: Bachelor's \_\_\_\_\_ Master's \_\_\_\_\_ Other (specify) \_\_\_\_\_

Sequentially list your teaching/NILD Educational Therapy™ experience with most recent first:

School's name and location:	Grades or subjects:	Dates:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any other educational advantage that you have had including opportunities to travel:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have an NILD Educational Therapy™ certification? ( ) Yes ( ) No

What level? \_\_\_\_\_

Expiration date: \_\_\_\_\_

\*Please attach photocopies of all certifications held.

If there is any additional information you would like to present regarding your candidacy, please attach a separate sheet.

**D. Employment History**

Please start with your current or most recent employer and work backwards for the past ten years (if applicable).

1. Position: \_\_\_\_\_ Dates of employment \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Reason for leaving \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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2. Position: \_\_\_\_\_ Dates of employment \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Reason for leaving \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Position: \_\_\_\_\_ Dates of employment \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Reason for leaving \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Position: \_\_\_\_\_ Dates of employment \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Reason for leaving \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Position: \_\_\_\_\_ Dates of employment \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Reason for leaving \_\_\_\_\_



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Are you holding or have you already signed a contract for next year  
with any other educational institution? ( ) Yes ( ) No

**E. Personal References**

Give three references who are qualified to speak of your professional training and experience. List your current or most recent principal or supervisor first.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**F. Applicant's Certification and Agreement**

I understand that DP, Inc. does not discriminate in its employment practices against any person because of race, color, national or ethnic origin, gender, age, or qualified disability.

I hereby certify that the facts set forth in this application are true and complete to the best of my knowledge. I understand that falsification of any statement or a significant omission of fact may prevent me from being hired, or if hired, may subject me to immediate dismissal regardless of the time elapsed before discovery. If I am released under these circumstances, I further understand and agree that I will be paid and receive benefits only through the day of my release.



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I authorize DP, Inc. to thoroughly interview the primary references which I have listed, any secondary references mentioned through interviews with primary references, or other individuals who know me and have knowledge of my work, records and evaluations, my educational preparation, and other matters related to my suitability for the position.

I authorize references and my former employers to disclose to DP, Inc. any and all employment records, performance reviews, letters, reports, and other information related to my life and employment, without giving me prior notice of such disclosure. In addition, I hereby release DP, Inc., my former employers, references, and all other parties from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

In accordance with §22.1-296.3 of the Code of Virginia, I understand that I must submit to a criminal background check by the FBI and possibly other federal and state authorities. I agree to fully cooperate by providing and recording as many sets of my fingerprints as are necessary for such an investigation. I authorize DP, Inc. to conduct a criminal records check. I understand and agree that any offer of employment that I may receive from DP, Inc. is conditioned upon the receipt of background information, including criminal background information. DP, Inc. may refuse employment or terminate employment if any background information deemed unfavorable.

I understand that this is only an application for employment and no employment contract is being offered at this time.

I certify that I have carefully read and do understand the above statements.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_



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Authorization to Release Reference Information

I have made application for a position as a \_\_\_\_\_ with Discovery Program, Inc. I have authorized DP, Inc. to thoroughly interview the primary references which I have listed, any secondary references mentioned through interviews with primary references, or other individuals who know me and have knowledge regarding my work record. I also authorize DP, Inc. to thoroughly investigate my work records and evaluations, my educational preparation, and all other matters related to my suitability for employment.

I authorize references and my former employers to disclose to DP, Inc. any and all employment records, performance reviews, letters, reports, and other information related to my life and employment, without giving me prior notice of such disclosure.

In addition, I hereby release Discovery Program, Inc. , my former employers, references, and all other parties from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

I agree that a photocopy or facsimile copy of this document and any signature shall be considered for all purposes as the original signed release on file.

I certify that I have carefully read and do understand the above statements.

Applicant's Name (Print) \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Applicant's Social Security Number \_\_\_\_\_