



HARMONIC CHANGES
THERAPY SERVICES

PERSONAL INFORMATION

Full Name: _____ Date: _____

Address: _____

Phone: _____ Email: _____

Date Available: _____ Social Security No: _____ CBMT No: _____

Position Interested in: Part-time Full-time Desired Salary: \$ _____

Are you a citizen of the United States? Yes No If No, are you authorized to work in the U.S.? Yes No

Have you ever worked for this company? Yes No If yes, when? _____

Have you ever been convicted of a felony? Yes No If yes, please explain: _____

Do you speak any languages other than English? Yes No If yes, please specify language and level: _____

EDUCATION

College: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Diploma: _____

Internship: _____ Address: _____

From: _____ To: _____ Explanation of clients: _____

Internship Supervisor or Director: _____

Phone: _____ Email: _____

PROFESSIONAL REFERENCES

1. Full Name: _____ Company: _____

Relationship: _____ Phone: _____ Email: _____

2. Full Name: _____ Company: _____

Relationship: _____ Phone: _____ Email: _____

3. Full Name: _____ Company: _____

Relationship: _____ Phone: _____ Email: _____



SCAN ME

www.HarmonicChanges.com

info@HarmonicChanges.com

818.394.0649





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PREVIOUS EMPLOYMENT

1. 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 No

2. Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

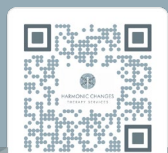
May we contact your previous supervisor for a reference? Yes No

3. 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 No

Why are you interested in working at Harmonic Changes Therapy Services?



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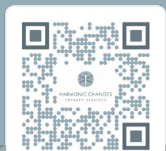
EXPERIENCE AND COMFORT LEVEL

As an organization, we service individuals and groups ranging from prenatal to end of life. On a scale of 1-5 (1 being most uncomfortable and 5 being most comfortable) how would you rate your comfort level with working with each group?

Client	Rating (1-5)	Comments
Prenatal		
Postpartum		
Early intervention		
School age – development based		
School age - mental health based		
School age - medical		
Teen – development based		
Teen – mental health based		
Teens - medical		
Young adults – development based		
Young adults – mental health based		
Young adults - medical		
Adults – development based		
Adults – mental health based		
Adults - medical		
Older Adults – development based		
Older Adults – mental health based		
Older Adults - medical		
Hospice		
Other		
Other		
Other		

As an organization, we provide traditional and adapted lessons to a variety of students. On a scale of 1-5 (1 being most uncomfortable and 5 being most comfortable) how would you rate your comfort level with teaching each instrument?

Instrument	Rating (1-5)	Comments
Piano		
Guitar		
Voice		
Percussion		
Ukulele		
Other		
Other		
Other		
Other		



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SUBMITTING APPLICATION

Completed applications should be emailed to Hiring@HarmonicChanges.com along with a copy of:

- Your resume and cover letter
- Video examples of musicality and clinical skill

Three song submissions are requested

Please include a verbal explanation on why song was selected and the clinical goal and objective that the song and intervention is supporting.

Videos may be submitted through unlisted YouTube link. Please enter YouTube link for each video:

1. Singing with guitar

Client targeted with example: _____
 Clinical Goal & Objective: _____
 Comments: _____
 YouTube Link: _____

2. Singing with piano

Client targeted with example: _____
 Clinical Goal & Objective: _____
 Comments: _____
 YouTube Link: _____

3. Singing with instrument of choice

Client targeted with example: _____
 Clinical Goal & Objective: _____
 Comments: _____
 YouTube Link: _____

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If this application leads to an internship, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____



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