

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DATE _____

NAME _____
LAST FIRST MI

SOCIAL SECURITY NUMBER ____ - ____ - ____

PRESENT ADDRESS _____
STREET CITY STATE ZIP

PERMANENT ADDRESS _____
STREET CITY STATE ZIP

PHONE NO. _____ CELL PHONE _____ EMAIL ADDRESS: _____

CLINICAL QUESTIONS

1. What would you consider the ideal position as a Speech-Language Pathologist?

2. Describe your favorite practicum or work setting.

How many days per week were you at the location? _____

How many hours of patient contact per day? _____

3. Describe your least favorite practicum site and why?

4. What is your favorite age range?

5. Describe areas of strength in:
Evaluation/Diagnosis:

Therapy:

What type of setting do you feel the most confident?

6. Describe areas of weakness in:
Evaluation/Diagnosis:

Therapy:

What type of setting do you feel the weakest?

7. List tests you feel comfortable administering with children.

8. What is the youngest age range you have worked with in your clinical experience?
In what type of setting?
9. List tests you feel competent administering with adults.
10. Have you observed Modified Barium Swallows studies? _____
Have you participated in Modified Barium Swallow Studies? _____ Approximately how many? _____
Were you able to administer or diagnose under supervision? _____
Have you performed dysphagia therapy? _____ With how many patients? _____
11. Have you had any exposure to pediatric feeding/swallowing/oral motor evaluation or treatment? _____
If yes describe.
12. Have you had any experience with Videostroboscopy?
13. Are you currently certified in CPR?
14. Do you speak Spanish?
15. What do you feel has prepared you to work in a private practice?
16. What salary range do you anticipate?
17. Rank on a scale of 1 as most important to 4 as least important
Salary
Location
Type of setting
People/personalities of coworkers
18. How would you describe your personality and how is that reflected in a clinical setting.

Attach a resume and any letters of recommendation.

Please return this form to:
Speech Pathology Services of Robeson
Attn: Jennifer I. Stephenson
765 Oakridge Blvd.
Lumberton, NC 28358

Email:
speech@spsofrobeson.com

Press Button Below to Submit Application