

Meadowood Springs Speech and Hearing Camp

CLINICAL STAFF APPLICATION FOR EMPLOYMENT

Please attach a resume or curriculum vitae. In addition, please include at least two professional or educational references and at least one personal character reference. Please enclose a photo of yourself (preferred, not required).

Name _____

Social Security Number _____ Are you over 18 years of age: _____

Present Address _____

Permanent Address _____

Phone, Day _____ Evening _____

Phone, Message _____ Pager _____

Fax _____ Cellular _____

Permanent Phone No.: _____

E-mail _____

Person to notify in case of emergency: _____

Relationship: _____ Phone No.: _____

Medical Ins. Co.: _____ Policy # _____ Group # _____

Position(s) for which you are applying: ___ Master Clinician (should have you CCC, 4 years experience, and have supervised students or SLPA's); ___ Clinician 1 (have completed Master's and less experience than Master Clinician or want to have a camper caseload); ___ Clinician (have experience as an SLPA); ___ Student Clinician (should have a minimum of 25 observation hours and at least be entering your Senior Year); ___ Sign Language Interpreter; ___ Teacher of Deaf and Hard of Hearing; ___ Behavioral Specialist

Have you been charged and/or convicted of any crime, including sex-related or child abuse-related offenses?

No _____ Yes - If yes, please explain: _____

Applying for: ___ 2 week sessions (Circle one: 1st 2nd) ___ 4 week (both sessions)

*** If hired, you will be required to provide employer with a current criminal background check***

Shirt size _____S _____M _____L _____XL _____XXL _____XXXL

Do you smoke? _____ Yes _____ No

Do you have a physical limitation or health problem(s) that will limit your activities at camp?

____ Yes ____ No If yes, explain: _____

Do you have any special needs (example: vegetarian food requirements, etc.)

____ Yes ____ No If yes, explain: _____

Talents, hobbies, memberships, associations, etc.: _____

EDUCATION

School now attending: _____ Number of years: _____

Major: _____ Minor: _____

Degree(s) held: _____

Complete if applicable:

ASHA Certification Number: _____

Years of Graduate School as of June: _____ Undergraduate Year _____

Number of Observation Hours as of June: _____

Number of Clinical Clock Hours as of June: _____

Types of clinical experience: _____

Please list continuing education workshop(s), conferences, and/or other seminars you attended in the past year: _____

Please list experience working with children (including special needs children): _____

List previous camp experience:

Type/Name of Camp: _____
Year(s) There: _____
Position(s): _____
Duties: _____

Do you sign? Yes No

If yes, sign language training and proficiency level (not required) _____

Do you have current CPR and First Aid Training? Yes No (Enclose copies)

EMPLOYMENT

Current employer _____
Dates of employment _____
Address _____

Phone _____ Supervisor, title _____

Your title and duties _____

Reason for leaving _____

Previous employer _____
Dates of employment _____
Address _____

Phone _____ Supervisor, title _____
Your title and duties _____

Reason for leaving _____

Previous employer _____

Dates of employment _____

Address _____

Phone _____ Supervisor, title _____

Your title and duties _____

Reason for leaving _____

REFERENCES (Minimum of two professional references and one character reference)

Name, Title and Firm _____

Address _____

Phone _____ Relationship _____

Name, Title and Firm _____

Address _____

Phone _____ Relationship _____

Name, Title and Firm _____

Address _____

Phone _____ Relationship _____

Name, Title and Firm _____

Address _____

Phone _____ Relationship _____

Name, Title and Firm _____

Address _____

Phone _____ Relationship _____

**Why do you want to work at Meadowood Springs Speech and Hearing Camp?
(What's in it for you?)**

**What can you contribute to Meadowood Springs Speech and Hearing Camp?
(What's in it for us?)**

The information herein is complete and correct to the best of my knowledge. I authorize The Institute for Rehabilitation, Research and Recreation, Inc. (IRRRRI) to appropriately investigate my background including, but not limited to, interviewing my references, current and previous employers. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I further understand that I am required to abide by all rules and regulations of the employer.

Name _____

Signature _____

Date _____

Return completed application to:

Meadowood Springs Speech & Hearing Camp
Post Office Box 1025
Pendleton, Oregon 97801
(541) 276-2752
(541) 276-7227 - Fax
E-mail: meadowoodcamp@uci.net