

RESUME REVIEW SERVICE REQUEST FORM

You think your resume is ready to submit, but is it really? Find out by asking for constructive and qualified feedback. To assist those in the job market, the Academy offers members a FREE resume review service by professional audiologists working in a variety of settings. Job seekers may also submit related items such as cover letters, curriculum vitae, and thank-you notes for review.

Complete the form and submit with materials to resumereview@audiology.org. Please allow up to 14 days for the review.

Disclaimer: Resume review services provided by the American Academy of Audiology do not guarantee that suggestions regarding your resume will result in job interviews or job offers. The final decision of what information to include or not to include is the responsibility of the individual job seeker.

Contact Information

FIRST NAME _____ LAST NAME _____ ACADEMY ID _____ DATE _____

TELEPHONE _____ E-MAIL _____

How would you prefer to be contacted? Telephone E-Mail

What are the best days to contact you? Monday Tuesday Wednesday Thursday Friday Saturday Sunday

When is the best time to contact you? Morning Afternoon Evening

Additional Information

How many years have you worked in the field of audiology? 1-3 4-10 11-15 16-20 20+

What type of position(s) you are seeking? (check all that apply)

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Staff Audiologist | <input type="checkbox"/> Owner | <input type="checkbox"/> Researcher |
| <input type="checkbox"/> Manager/Supervisor | <input type="checkbox"/> CEO/Executive Director | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Director | <input type="checkbox"/> Faculty | <input type="checkbox"/> Other _____ |

What is your preferred work setting? (check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> University/Teaching Hospital | <input type="checkbox"/> Hospital | <input type="checkbox"/> University |
| <input type="checkbox"/> Federal Government | <input type="checkbox"/> ENT Practice | <input type="checkbox"/> Private Practice (Owner) |
| <input type="checkbox"/> Private Practice (Employee) | <input type="checkbox"/> Private Clinic (non-profit) | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> VA Hospital | <input type="checkbox"/> Public/Private School | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Industry (Industrial Audiology) | |
| <input type="checkbox"/> Private Clinic (for profit) | <input type="checkbox"/> Other Medical Practice | |

What item(s) are you submitting for review?

- Resume
 Cover Letter
 Curriculum Vitae
 Thank You Note
 Other _____