

# 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](mailto: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 \_\_\_\_\_