Galileo School for Gifted Learning

Application for Employment: Speech and Language Pathologist

THE GALILEO SCHOOL FOR GIFTED LEARNING IS AN EQUAL OPPORTUNITY EMPLOYER. WE DO NOT DISCRIMINATE IN HIRING BECAUSE OF AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEX OR HANDICAP.

Last Name	First Name	M.I.	Social Security Number	Date
Street Address	City	y.	State Zip Code	e
Home Phone C	ell Phone	Email Addr	ress	
Type of Employment Desired	: Full time Part	time C	onsultant	
Earliest Date Available for W	ork:	Starting Sal	ary Desired: \$	
Are you willing to work over	time? Yes No	Are you will	ing to travel? Yes N	o 🗍
List languages that you can s	peak fluently:			
If you are not a citizen of the U.S.?	United States, under wha	nt type of perm	it do you have the legal righ	t to work in the
List names of educational ins	titutions you attended, be	eginning with t	he most recent.	
Name of School/Institution	Location	Dates Att	ended Certificate or Degre	
Do you have any other expersence:	ience, knowledge, skill or	talent that you	ı feel qualifies you for emplo	yment at the
Please list an emergency cont	act:			
	Name	Address	P	hone
Relation to you:				

Work History (Include U.S. Military Service as Employment)

Employer Name	Address	<u>Dates of</u> Employment	Phone Number
1.			
2.			
3.			
4.			
5.			
6.			
List Three References (Please do n	ot include relatives)		
<u>Name</u>	Address	Length of Acquaintance	Phone Number
1. 2.			
3.			
<u> </u>			
NOTICE: This section must be c extensive background check will information is grounds for non-hi 1. Have you ever been convicted (DUI and DWI are not minot and	be conducted. Please answer quiring and/or immediate terminate of an offense other than a mine	juestions truthfully. Omission of tion.	
2. Have you ever been investigat	ed for child abuse?		Yes No
3. Have you ever been convicted no contest to, or entered a pre-tria charge, or are there currently crim (If yes, attach a separate sheet with NOTE: Sealed or expunged reconstitute to answer this question ac	Il intervention program for a mainal charges pending against yeth an explanation.) The result of the reported	isdemeanor or felony criminal you?	Yes No No
4. Have you ever been suspended while an investigation was in program			Yes No No
If yes, where?		When?	
I declare that the answers given b School for Gifted Learning shall a answers or omissions made by me give any information regarding m	not be held liable if my employ e in this application. I authoriz	ment is terminated because of the e all former employers, and any p	e falsity of statements, persons named above to
Signature		Date	

ADDENDUM: Speech and Language Pathologist

Please respond to the following questions below:

- 1. Letter of Intent: Discuss how your experience and schooling have prepared you to be a Speech/Language Pathologist at Galileo School for Gifted Learning.
- 2. Short essays: (Answer all)
 - a. What unique quality do you bring to Galileo School? What sets you apart from other candidates?
 - b. Describe one of your most successful experiences in working with exceptional children.
 - c. What special interests and/or talents do you bring to Galileo School?
 - d. How do you bring out the best in a gifted student?
 - e. **NOTE**: Attach the following to your email application:
- 1. Transcripts (may be unofficial) from your undergraduate (and graduate institutions, if applicable), noting any graduate level courses in gifted education.
- 2. An updated resume, along with contact information for three references we can call.