JOB PLACEMENT INFORMATION FORM

Please provide the following information about the position for which our graduate students would be applying. This information may be incorporated into a written description of the position, or written on this form.

Title of Position: __________________________________________

Number of Positions Available: __________________________________________

Location of Position: __________________________________________

Business Address: __________________________________________

Salary: __________________________________________

Health or other Benefits: __________________________________________

Tuition Waiver (# of credits if any): __________________________________________

Expected Hours of work per week: ______________________________

Minimum days per week expected to be on site: ______________________________

Dates when interviewing will begin and end: ______________________________

Dates you are likely to make a hiring decision: ______________________________

How would you like to handle the application process? Please check choice.

Have students send letter and vitae via e-mail: _____

Have students make phone contact: _____

Who is the contact person for the position, and how can she/he be reached?

Contact Person: __________________________________________

Phone Number: __________________________________________

E mail address: __________________________________________

OVER
Anticipated duration of employment:

Begin:________________________   End Date:_____________________

Job requirements (e.g. computer skills, assessment experience, Master’s degree; please also indicate if necessary or desirable).

__________________________________________________________________

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1. Please describe typical duties of this position:

   A. Clinical assessment (e.g. # and type of clients tests administered, emphasis on empirically based assessment, purpose of testing, interpretation, write-up, case presentation, will supervisor be present?):

       ______________________________________________________________
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   B. Psychotherapy (e.g. # and type of clients, amount and type of client contact, group vs. individual, type of interventions, theoretical model, therapy techniques used, emphasis on empirically based intervention, will supervisor be present?):

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   C. Case conference/staffing meetings (e.g. format, frequency):

       ______________________________________________________________
       ______________________________________________________________
       ______________________________________________________________
       ______________________________________________________________

   D. Research (e.g. scale administration/data collection; data reduction/scoring; data analysis; research meetings; involvement in formulation of design, write-
up of results; involvement in presentation/publication of results, grant-writing experience):

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

E. Supervision (Amount and nature of supervision, who will provide it, what training background, where will it take place, encourages drawing upon psychological research to support clinical decisions?)

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F. Additional information you may feel is relevant:

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