

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION:				
Name:	Date:			
Address:	Email:			
Phone:	Position for which you are applying:			
Special Qualifications/Certifications:	Desired Start Date:			
CBMT #:	GA MT License #:			
Principal Instrument:	Other instruments of proficiency:			
APPLICATION QUESTIONS:				
1. Tell us about your favorite population(s) with which to work as a music therapist. Why are they your favorite(s)?				
2. Tell us about other educational or training experiences you have had outside of your music therapy experience that have helped shape your view and understanding of music therapy.				

3.	3. If you had a meeting scheduled with a facility that was interested in music therapy, but was on the fence as to whether or not they should invest in MT services, what would you be sure to include in your presentation/meeting in order to convince them to hire you/your company?					
4.	I. Who has influenced you the most when deciding what type of music therapist you want to be?					
5.	5. Why are you interested in working with Metro Music Therapy?					
6.	6. Why would you be a valuable addition the Metro Music Therapy team?					
7. Professionally, where do you see yourself in 10 years?						
Please list 3 Professional References and their contact information:						
1.	Name:	Title:	Phone:	Email:		
	Name:	Title:	Phone:	Email:		
3.	Name:	Title:	Phone:	Email:		
Applicant's signature:						
Please	send completed app	olication, along wi	th cover letter and	resume, to:		
Mallory Even, LPMT, MT-BC						
Licensed Professional Music Therapist						
Board Certified Music Therapist Certified NICU Music Therapist						
Owner & Director Metro Music Therapy						
mallory@metromusictherapyga.com						
404-579-8070						