**THE EATING DISORDER CENTER**

**Employment Application**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Tell me about your experience in treating eating disorders.**
2. **What clinical modalities do you use?**
3. **Do you use a health at every size informed approach?**
4. **What interests you in working with The Eating Disorder Center?**
5. **Have you worked in a group practice before?**
6. **Do you have experience and/or interest working with teens?**
7. **Are you available to work after school hours, 3-7 Monday-Friday?**
8. **Do you plan to open your own practice one day?**
9. **Where do you see your career in 5 years?**
10. **How many clients do you anticipate taking on (i.e. a full caseload, part time etc)? \*please note it will take time to build to a full caseload.**
11. **What are some things that you are looking for in regard to a position?**
12. **Is there anything else that would be helpful for me to know?**
13. **Please list the name, number, and affiliation of two references.**