

APPLICATION FOR EMPLOYMENT

The Company is an equal opportunity employer. The Company does not discriminate because of race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, family responsibilities, physical or mental disability, matriculation, or political affiliation.

I. PERSONAL INFORMATION (PLEASE PRINT)

Date: ____ / ____ /20____

Name (Last) _____ (First) _____ (M.I.) ____ (SSN) _____ - ____ - ____

Present Address Street City State Zip

Permanent Address Street City State Zip

Phone No. (____) _____ Referred By: _____

II. EMPLOYMENT DESIRED

Position: _____ Date Available: _____ Salary Desired: \$ _____

Have you ever applied to PSI before? _____ Where? _____ When? _____

How did you hear about us? ☐ Newspaper ad ☐ Employment Agency ☐ Website _____
(Please circle all that apply) ☐ Employee Referral ☐ College/University Posting ☐ Other _____
☐ Job/Career Fair ☐ Professional Association Posting

Do you have relatives already employed by The Company? _____ If yes, list their names: _____

Have you or any of your relatives ever received any services from The Company? _____ If relatives, list their names: _____

III. EDUCATION

	Name & Location of School	Years completed	Degree/ Diploma	Major Subjects/ Field of Study
HIGH SCHOOL OR GED EQUIVALENCY				
COLLEGE				
GRADUATE/PROF. SCHOOL				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

Subjects of Special Study or Research Work: _____

Fluency in Language(s) other than English? _____ Speak: _____ Read: _____ Write: _____
_____ Speak: _____ Read: _____ Write: _____

IV. EMPLOYMENT HISTORY

List previous employers/volunteer work. Start with present or most recent placement.				
Date: Month/Year	Name/Address of Employer	Supervisor & Telephone Number	Position/Duties	Reason for Leaving
1. From: _____ To: _____ Salary: _____				
2. From: _____ To: _____ Salary: _____				
3. From: _____ To: _____ Salary: _____				
4. From: _____ To: _____ Salary: _____				
5. From: _____ To: _____ Salary: _____				

If you are now employed, may we contact your present employer? ☐ YES ☐ NO

If there are any gaps of more than 6 months between jobs, please explain.

Is there any additional information we may need, such as change of name or nickname, to verify your employment or educational records? ☐ YES ☐ NO

Please specify: _____

V. GENERAL INFORMATION

1. Have you ever pleaded guilty to or been convicted of a crime **including** convictions or guilty pleas in a military court martial (**excluding** minor traffic violations for which a fine or forfeiture of \$50.00 or less was imposed)?
☐ YES ☐ NO

If yes, please explain and give in each case the date, nature of the offense, the name and location of the court, the penalty imposed, if any, and the disposition of the case. **A plea of guilty or a conviction will not necessarily be a bar to employment.** Factors such the date of the offense, your age at that time, nature of the violation, and rehabilitation will be taken into account. (Use additional paper if necessary.)

2. Are there any criminal charges currently pending against you (e.g. are you out on bail or on your own recognizance in connection with any criminal charge)?
☐ YES ☐ NO

If yes, please explain: _____

3. Have you ever been terminated from a job because you were accused of child or client abuse, neglect or mistreatment, or because your employer or anyone else found that you had committed such an offense?
☐ YES ☐ NO

If Yes, please explain: _____

4. Have you ever had any professional or occupational license or certification suspended or canceled?
☐ YES ☐ NO

If Yes, please explain: _____

5. Have you ever had any disciplinary action taken against you by any licensing authority or professional or occupational association? ☐ YES ☐ NO

If Yes, please explain: _____

6. If your duties will involve driving, answer the following: Have you ever had your drivers license suspended or revoked? ☐ YES ☐ NO

If Yes, please explain: _____

7. Please list any additional information you think we should consider in evaluating your application for employment (for example hobbies, special skills and interests).
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VI. PROFESSIONAL REFERENCES

NOTE: List the names and telephone numbers of three references (for example: present or past teachers, supervisors, or other managers). Make sure names and telephone numbers are accurate in order that your application can be processed promptly.

Name & Address	Daytime Phone Number	Relationship

APPLICANT'S STATEMENT

I understand that The Company follows an "employment at will" policy, which means that I or the company may terminate my employment at any time, for any reason consistent with applicable state or federal law. This "employment at will" policy cannot be changed, unless the change is specifically authorized in writing by the Chief Executive Officer of this organization.

I understand that this application is not a contract of employment.

I understand that if I am offered a job, federal law requires me to submit satisfactory proof of employment authorization and identity. If I do not do so, the offer of employment will be withdrawn.

I understand that this application will be active for a period of 90 days. After that time, if I wish to be considered for employment, I must submit a new application.

I understand that The Company has a drug and alcohol policy that includes pre-employment screening for drugs and alcohol. If I fail this screening, or fail or refuse to be tested, I will not be offered a job. In addition, I understand that random screening is a condition for continued employment.

I understand that state and/or federal regulations require background checks for convictions of certain crimes, and that a plea of guilty or a conviction will not necessarily be a bar to employment. Factors such as the date of the offense, your age at that time, nature of the violation, and rehabilitation will be taken into account. I also understand that the company will check to see if I have any history of child or client abuse or neglect and that I may not be hired for or remain in certain jobs if I have such a history.

If the company makes a contingent job offer to me, I understand that as a condition of employment, I will be required to provide a pre-employment Communicable Disease and Physical Condition Report completed by my doctor, as well as an annual update thereafter.

I understand that The Company will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms that I have named herein (except my current employer if so noted) to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that I have read this form in its entirety and that the information herein provided is true, accurate and complete to the best of my knowledge. I understand that, if any statement I have made in this application, in related papers or in interviews is false, misleading or erroneous, regardless of when discovered, it may result in rejection of my application or in my discharge if I have been employed.

Your Signature: _____

Date: _____

SUPPLEMENTAL APPLICATION
NAME _____

INITIAL CLINICAL STAFF CREDENTIALING AND PRIVILEGES

Directions: The Human Resources Department extends clinical privileges to staff for the initial probationary period only. In order to work in a clinical field, you must complete this Supplemental Application. Please complete all sections below.

PROFESSIONAL LICENSE(S) OR CERTIFICATE(S)

Expiration Date	State/Jurisdiction	License or Certificate

I. MENTAL HEALTH REHABILITATION/MENTAL RETARDATION SERVICES ☐ NONE

1. Clinical Evaluation Years of Experience _____
Disciplines _____

Evaluation techniques or instruments you are competent to administer and interpret:
State techniques and instruments _____

2. Mental Retardation levels you are qualified to evaluate or treat Years of Experience _____
Retardation Levels: _____

3. Physical Disabilities you are qualified to evaluate or treat: Years of Experience _____
State Physical Disabilities _____

4. Age ranges and special groups you are qualified to evaluate or treat: Years of Experience _____
Age Ranges and Special Groups _____

5. Your Special habilitation skills: Years of Experience _____

6. Psychiatric Disorders/Diagnostic Categories you are qualified to evaluate or treat:

Years of Experience	Disorders/Diagnostic Categories

7. Counseling/Therapy Treatment Services/Techniques you are qualified to deliver:

Years of Experience	Treatment Services/Techniques

8. Consultation or Trainer capabilities in the following Mental Health/Mental Retardation topics: _____

9. Clinical Administrative Support capabilities: *(must have at least one year of paid experience)*

- | | | |
|--|--|---|
| <input type="checkbox"/> Community Support | <input type="checkbox"/> Intake | <input type="checkbox"/> Medical Coding |
| <input type="checkbox"/> Service Planning/Coordination | <input type="checkbox"/> HIPAA Compliant Billing | <input type="checkbox"/> Medical Record Keeping |
| <input type="checkbox"/> IT Medical Applications | <input type="checkbox"/> Quality Assurance | <input type="checkbox"/> Other (specify) _____ |

II. FOSTER CARE, ADOPTION AND CLINICAL CASE MANAGEMENT

☐ NONE

1. Assessments you are qualified to conduct: _____ Years of Experience _____

2. Foster Care services you are qualified to provide: _____ Years of Experience _____

3. Foster Care Program you are qualified to work in: _____ Years of Experience _____

4. Adoption/Subsidized Guardianship services you are qualified to provide: _____ Years of Experience _____

5. Clinical Case Management services you are qualified to provide: _____ Years of Experience _____

6. Consultation or Trainer capabilities in Foster Care, Adoption, or Clinical Case Management Topics: _____

7. Case Management Support services you are qualified to provide: _____ Years of Experience _____

8. Compliance/Licensing services you are qualified to provide: _____ Years of Experience _____

RESERVED FOR HUMAN RESOURCES DEPARTMENT

CLINICAL PRIVILEGES EXTENDED TO THE FOLLOWING PROGRAMS/SERVICES:

- | | | |
|--|---|--|
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Mental Health Rehabilitation | <input type="checkbox"/> Mental Retardation |
| <input type="checkbox"/> MH/MR Support | <input type="checkbox"/> Foster Care/Adoption | <input type="checkbox"/> Foster Care/Case Management Support |

LIMITATIONS ON CLINICAL PRIVILEGES: _____

Completed By: _____ Title: _____
Date: ____/____/20____

SUPPLEMENTAL INFORMATION

(THIS FORM **MUST** BE GIVEN TO APPLICANT (GENERALLY AT THE INTERVIEW) ALONG WITH A COPY OF THE APPLICABLE JOB DESCRIPTION. IT IS PART OF THE EMPLOYMENT APPLICATION)

Are there any duties on the attached job description(s) that you are unable to perform? ☐ YES ☐ NO

If Yes, please explain: _____

The space below may be used to provide further explanation to any answers you have given on your application. Please identify the section and/or item number you are responding to:

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