

**PSYCHOTHERAPEUTIC SERVICES  
EMPLOYMENT APPLICATION**  
*An Equal Opportunity Employer – By Choice*

**PERSONAL DATA:** Please type or write clearly.

Name: \_\_\_\_\_ Social Security# \_\_\_\_\_

(Last) (First) (M.I.)

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Other Contact# \_\_\_\_\_

Have you worked for us?  No  Yes-Under what name? \_\_\_\_\_

What location? \_\_\_\_\_ Dates \_\_\_\_\_

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Position desired \_\_\_\_\_ Slot Number \_\_\_\_\_

Employment location(s) desired \_\_\_\_\_

Check type of employment you will accept:  Full time  Part time

Days  Evenings  Nights  Weekends

Who referred you to us?  Employee  Friend  Newspaper  Internet  Other \_\_\_\_\_

Are any of your relatives employed with us?  No  Yes- Relative's name \_\_\_\_\_

Relationship \_\_\_\_\_ Work site location \_\_\_\_\_

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**EDUCATION:**

Indicate name on employment records/education records (*If different from present name*) \_\_\_\_\_

**Circle highest grade completed** : 1 2 3 4 5 6 7 8 9 10 11 12      College: 1 2 3 4      Grad: 1 2 3 4

Transcripts & Diplomas attached  Yes  No (If "No", I will submit same on or before (date) \_\_\_\_\_).

Do you have a high school equivalency certificate?  Yes  No

Do you have a GED?  Yes  No      Copy of Certificate attached?  Yes  No

	Name & Location	Credits Earned	Diploma or Degree/ Year Completed	Major Subject	Minor Subject
High School					
College or University					
Post Graduate					

**OTHER SKILLS, QUALIFICATIONS AND EXPERIENCE:**

List all skills or training which you possess that are related to the position for which you are applying: \_\_\_\_\_

List all equipment/machines you are proficient in operating: \_\_\_\_\_

Are you proficient in computers? \_\_\_ No \_\_\_ Yes - List languages/programs: \_\_\_\_\_

Typing Speed \_\_\_\_\_ Data Entry \_\_\_\_\_ Shorthand \_\_\_\_\_

Do you speak or write another language? \_\_\_ No \_\_\_ Yes-List and describe level of written and spoken fluency: \_\_\_\_\_

Are you familiar with medical terminology? \_\_\_ No \_\_\_ Yes

Other technical, clinical or special skills: \_\_\_\_\_

Do you have a professional registration, license or certification? \_\_\_ No \_\_\_ Yes – Type(s) of License(s) or certification(s) \_\_\_\_\_ Registration, license, or certification number, if applicable: Issuing State(s) \_\_\_\_\_ Expiration Date(s) \_\_\_\_\_

Do you have a valid driver's license? \_\_\_ No \_\_\_ Yes

License No. \_\_\_\_\_ Type \_\_\_\_\_

Expiration Date \_\_\_\_\_ State \_\_\_\_\_

Any limitations when operating a motor vehicle? \_\_\_ No \_\_\_ Yes - Describe \_\_\_\_\_

***I understand that if the job for which I am applying requires me to drive a motor vehicle, I will be required to submit to and pass a check of my driving record, and that if my driving record reflects a poor driving history or if I fail to fully cooperate with such records check, any conditional offer of employment may be withdrawn. A DUI may make me ineligible for a position requiring me to drive a motor vehicle.***

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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**Employment History:** *List all jobs held, list most recent job first. (Attach additional sheets if necessary)*

Name of Employer \_\_\_\_\_ Address \_\_\_\_\_

Employed: (Month/Year) From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Job Title \_\_\_\_\_

\_\_\_\_ Full time \_\_\_\_ Part time Hours per week \_\_\_\_\_ Annual Rate: Start\$ \_\_\_\_\_ Finish\$ \_\_\_\_\_

Supervisor \_\_\_\_\_ Telephone# \_\_\_\_\_

Job Duties \_\_\_\_\_

Reason for leaving: \_\_\_\_ Voluntary \_\_\_\_ Layoff \_\_\_\_ Discharge Are you eligible for re-hire? \_\_\_\_ Yes \_\_\_\_ No

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Name of Employer \_\_\_\_\_ Address \_\_\_\_\_

Employed: (Month/Year) From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Job Title \_\_\_\_\_

\_\_\_\_ Full time \_\_\_\_ Part time Hours per week \_\_\_\_\_ Annual Rate: Start\$ \_\_\_\_\_ Finish\$ \_\_\_\_\_

Supervisor \_\_\_\_\_ Telephone# \_\_\_\_\_

Job Duties \_\_\_\_\_

Reason for leaving: \_\_\_\_ Voluntary \_\_\_\_ Layoff \_\_\_\_ Discharge Are you eligible for re-hire? \_\_\_\_ Yes \_\_\_\_ No

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Name of Employer \_\_\_\_\_ Address \_\_\_\_\_

Employed: (Month/Year) From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Job Title \_\_\_\_\_

\_\_\_\_ Full time \_\_\_\_ Part time Hours per week \_\_\_\_\_ Annual Rate: Start\$ \_\_\_\_\_ Finish\$ \_\_\_\_\_

Supervisor \_\_\_\_\_ Telephone# \_\_\_\_\_

Job Duties \_\_\_\_\_

Reason for leaving: \_\_\_\_ Voluntary \_\_\_\_ Layoff \_\_\_\_ Discharge Are you eligible for re-hire? \_\_\_\_ Yes \_\_\_\_ No

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Name of Employer \_\_\_\_\_ Address \_\_\_\_\_

Employed: (Month/Year) From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Job Title \_\_\_\_\_

\_\_\_\_ Full time \_\_\_\_ Part time Hours per week \_\_\_\_\_ Annual Rate: Start\$ \_\_\_\_\_ Finish\$ \_\_\_\_\_

Supervisor \_\_\_\_\_ Telephone# \_\_\_\_\_

Job Duties \_\_\_\_\_

Reason for leaving: \_\_\_\_ Voluntary \_\_\_\_ Layoff \_\_\_\_ Discharge Are you eligible for re-hire? \_\_\_\_ Yes \_\_\_\_ No

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Name of Employer \_\_\_\_\_ Address \_\_\_\_\_

Employed: (Month/Year) From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Job Title \_\_\_\_\_

\_\_\_\_ Full Time \_\_\_\_ Part Time Hours per week \_\_\_\_\_ Annual Rate: Start \$ \_\_\_\_\_ Finish \$ \_\_\_\_\_

Supervisor \_\_\_\_\_ Telephone# \_\_\_\_\_

Job Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_ Voluntary \_\_\_\_ Layoff \_\_\_\_ Discharge Are you eligible for re-hire? \_\_\_\_ Yes \_\_\_\_ No  
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**REFERENCES:**

List three (3) employment references (***must be supervisors***) DO NOT INCLUDE RELATIVES.

	Full Name	Company Address	Phone#	Occupations	Years Known
1					
2					
3					

I hereby give permission for the Company to contact the above-named persons and those listed under Employment History for verbal and written references and release all persons from any charge or civil suit resulting from the furnishing of said information.

Applicant's Signature \_\_\_\_\_

Are you a U.S. citizen? \_\_\_\_ Yes \_\_\_\_ No

If no, do you have immigration/naturalization authorization to work in the U.S.? \_\_\_\_ No \_\_ Yes

Date of Issue: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_  
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Need for security and/or medical clearance is determined by program and position. A felony, drug, assault, abuse, crime of violence or theft conviction **may** exclude you from employment with this Company. Please read and sign the following statement:

***I understand that I may be applying for a position requiring a criminal history background check. I further understand that if I am applying for such a position I will be required to submit to and pass such a check prior to being employed by this company and that failure to fully cooperate with such a background check and/or failure to adequately pass such a check will result in the withdrawal of any conditional offer of employment that may be extended to me that is made subject to satisfactory completion of the criminal background check.***

***I hereby grant permission for the Company to conduct any criminal history background check required for the position for which I am now making application.***

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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Have you read the job description for the position for which you are applying? \_\_\_ Yes \_\_\_ No  
Having read the job description, is there any reason why you cannot perform all of the duties contained in the job description either with or without reasonable accommodation? \_\_\_ Yes \_\_\_ No

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BEFORE SIGNING THIS APPLICATION BELOW, READ THE FOLLOWING CAREFULLY AND INITIAL:

\_\_\_\_\_ I hereby certify that this application is true and complete and understand that any false statements on this form or any other form may be cause for rejection or termination of employment.

\_\_\_\_\_ I hereby grant to the Company permission to make a thorough investigation of my past employment, education, criminal background history and will provide a copy of necessary certifications and criminal history check if required. All such information is and will remain confidential and privileged.

\_\_\_\_\_ I understand that if I am hired, the Company may require verification of my identity and eligibility for employment in the U.S.

\_\_\_\_\_ I understand that I may be asked to participate in drug or alcohol testing and that failure to comply or cooperate may be cause for rejection or termination of employment.

\_\_\_\_\_ I understand that if hired, I will be working on an "at-will" basis.

\_\_\_\_\_ I have read and understand the attached job description for the position for which I am applying.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Discrimination because of sex, race, color, religion, national origin, age, marital status, sexual orientation, disability, or military/veteran status is prohibited.**

For Maryland Applicants:

**"UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.**

I hereby acknowledge receipt of the above statutorily required notice.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_