

# Mid Cities Psychiatry - Employment Application

## **PERSONAL and GENERAL INFORMATION (Please Complete the Entire Application in Print or Type)**

Last Name

First Name

MI

Email Address

Street

City

State

Zip Code

County

Home Phone

Business Phone

Social Security #

Position Applied For

When can you start?

Salary Required

How were you referred?

Office skills: Word Excel Access PowerPoint Other

Foreign Languages Acquired: Spanish French Chinese Japanese Hindi Other \_\_\_\_\_

Degree of Proficiency: Fluent Some Knowledge

Can you SIGN? Yes No

## **EDUCATIONAL & PROFESSIONAL BACKGROUND**

Name of address of high school, college or other Schools	# of years Completed	Major Field	Degree

Licensure, Professional Registration or Certification:

CPR Certification : Type \_\_\_\_\_ Expiration date \_\_\_\_\_

## **MILITARY BACKGROUND**

Title Class Branch

Briefly describe your duties, skills or experience in the service.

## **EMPLOYMENT RECORD (Begin with most recent employment and list prior positions in sequence.)**

Company Name						Period Employed	
Job Title						From	To
Supervisor's Name and Phone #							
Address, State, Zip							
Duties and Responsibilities							
Reason for Leaving							
May we contact this employer?	Yes		No		If No, please explain		

Company Name					Period Employed	
Job Title					From	To
Supervisor's Name and Phone #						
Address, State, Zip						
Duties and Responsibilities						
Reason for Leaving						
May we contact this employer?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If No, please explain	

Company Name					Period Employed	
Job Title					From	To
Supervisor's Name and Phone #						
Address, State, Zip						
Duties and Responsibilities						
Reason for Leaving						
May we contact this employer?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If No, please explain	

Company Name					Period Employed	
Job Title					From	To
Supervisor's Name and Phone #						
Address, State, Zip						
Duties and Responsibilities						
Reason for Leaving						
May we contact this employer?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If No, please explain	

**Have you ever been convicted of a crime, other than a minor traffic violation, that has not been sealed, expunged or pardoned by the Governor?\***   **Yes**   **No**   **If, yes, please explain:**

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\*Existence of a criminal record does not constitute an automatic bar to employment.

**Do you anticipate requesting time-off anytime within the next 90 days?**   **Yes**   **No**   **If, yes, please explain:**

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**Please sign below to indicate that you have read and understood this information:**

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**Signature**
**Date**

**The accuracy and completeness of all information on this application are of the utmost importance. Please read the following statements carefully before signing your name:**

1. In consideration of my employment or continued employment by Mid Cities Psychiatry (MCP), I agree to perform the work which maybe considered necessary by the Association and to take physical and/or other examinations when required (if job-related) and consent to any searches (if conducted) of my workspace.
2. I certify that, at the time of my application for employment, I am not aware of any mental or physical reason which would prohibit me from performing the essential functions of the job for which I am applying.
3. I agree to retain the confidentiality of all information to which I have access because of my work.
4. I understand that as a condition of employment, I will need to complete a W-4 and I-9 form. Moreover, completion of the I-9 form requires proof of citizenship and identity. I will be required to present identification which verifies my authorization for employment in the U.S.
5. I understand that employee telephone conversations may be monitored or recorded solely to establish and measure quality service levels and/or to determine training needs. I do hereby consent to have my telephone conversations monitored or recorded if I am employed with MCP.
6. I agree, if employed, that there shall be no compensation in the event MCP is closed for an extended period of time, including either before or after the Holidays. I understand that I may use my PTO accrued hours to cover the closure.
7. I agree, if employed, to abide by the Association's rules and regulations and understand that, unless otherwise specifically agreed to in writing, my employment is AT-WILL and can be terminated with or without cause, and with or without notice, at any time by the Association. Similarly, I understand that I may resign at any time.
8. I understand that any employment policies, regulations, manuals, or handbooks that may be distributed to me during the course of my employment shall not be construed as either an express or implied contract of employment or guaranteed length of employment for any period of time.
9. I understand that, in the event that this contract is terminated for economic reasons, or that I resign with reasonable advanced written notice, I will receive the balance of any unpaid leave remaining at the time of the work separation only if I work through the required notice period, I will receive the balance of any unpaid leave remaining at the time of the work separation. I understand paid or unpaid leave time may not be counted toward such a notice period. I also understand that any unused paid leave is forfeited in the event that I separate from MCP, I am terminated from MCP without notice or I leave MCP prior to the end of the required notice period.
10. I authorize the Association to investigate all statements contained herein. I understand that misrepresentation or omission of facts in this application may be cause for a refusal to hire or immediate dismissal. I authorize any of the persons or organizations referenced in this application to give MCP any and all information concerning previous employment, education, or other information they might have with respect to any subjects covered by this application. I also authorize and grant MCP permission to seek out three other individuals (going three levels deep) as part of background checks.

Last Name

First Name

MI

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Signature

Date