

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?			Date of Birth
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
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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		
	From	To	
Job Title			
Supv's Name, Phone #, Email			
Address, State, Zip	Wage History		
Duties and Responsibilities	Starting	End	
Reason for Leaving			
May we contact this employer?	Yes	No	If No, please explain

Company Name					Period Employed	
Job Title					From	To
Supv's Name, Phone #, Email						
Address, State, Zip					Wage History	
Duties and Responsibilities					Starting	End
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
Supv's Name, Phone #, Email						
Address, State, Zip					Wage History	
Duties and Responsibilities					Starting	End
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
Supv's Name, Phone #, Email						
Address, State, Zip					Wage History	
Duties and Responsibilities					Starting	End
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:

*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:

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

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 and grant MCP permission to seek out three other individuals (going three levels deep) as part of my background checks.
11. I authorize MCP and it's agents to investigate all statements made in this application for employment and to obtain any and all information concerning my former and/current employment. This includes my job performance evaluations, wage history, education, title, starting and ending dates of employment, quality, and quantity of work, attendance/punctuality, disciplinary action(s) if any, and all other matters pertaining to my employment history. I understand that misrepresentation or omission of facts in this application may cause for a refusal to hire or immediate dismissal.
12. I knowingly and voluntarily release all former and current employers, references, MCP and it's agents from any and all liability of any kind, including but not limited to defamation, invasion of privacy, and breach of confidentiality arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with MCP.

Last Name

First Name

MI

Signature

Date