

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 Hindu 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	
Address, State, Zip Code	From	To
Supervisor's Name and Telephone #		
Reason for Leaving		
Job Title		
Duties and Responsibilities		

May we contact this employer? _____ Yes _____ No

Company Name	Period Employed From To	
Address, State, Zip Code		
Supervisor's Name and Telephone #		
Reason for Leaving		
Job Title		
Duties and Responsibilities		

May we contact this employer? Yes No

Company Name	Period Employed From To	
Address, State, Zip Code		
Supervisor's Name and Telephone #		
Reason for Leaving		
Job Title		
Duties and Responsibilities		

May we contact this employer? Yes No

Company Name	Period Employed From To	
Address, State, Zip Code		
Supervisor's Name and Telephone #		
Reason for Leaving		
Job Title		
Duties and Responsibilities		

May we contact this employer? Yes No

Have you ever been convicted of a crime other than a misdemeanor or minor traffic violation that has not either been sealed, expunged or pardoned by the Governor?* 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 may be 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.
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 either with or without reasonable accommodations.
3. I also agree to retain the confidentiality of all information to which I have access because of my work.
4. 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 the refusal to hire or immediate dismissal. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning previous employment, education or other information they might have with respect to any subjects covered by this application, and I release all such parties from all liability for any damage that may result from furnishing such information to you. I understand that my references may be checked 3 levels deep.
5. I understand that as a condition of employment, I will need to complete a W-4 and I-9 form. And that completion of the I-9 form requires proof of citizenship and identity. I will be required to present identification which verifies authorization for employment in the U.S.
6. 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.
7. I further agree, if employed, there'll be no compensation in the case when MCP is closed for an extended holiday before or after the Holidays. I understand that I may use my PTO accrued hours to cover the closure.
8. I further agree, if employed, I will conform my conduct to 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.
9. I also 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.
10. I also understand if I'm laid off for economic reasons, or if I resign with reasonable advance written notice, I will work through that notice period, and 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 understand, unused paid leave is forfeited when I separate or is terminated from employment without notice or leaves before the end of the notice period.

Signature

-3-

Date