



**MODERN PSYCHIATRY
& WELLNESS LLC**

EMPLOYMENT APPLICATION

| | | | | |
|-----------------------------|-----------------------------|------------------|--------------------------------|-----------------|
| PLEASE PRINT OR TYPE | | | Today's Date _____ | |
| _____ | _____ | _____ | _____ | |
| <i>First Name</i> | <i>MI</i> | <i>Last Name</i> | <i>Preferred Name/Nickname</i> | |
| _____ | _____ | _____ | _____ | _____ |
| <i>Street Address</i> | <i>Apt #</i> | <i>City</i> | <i>State</i> | <i>Zip Code</i> |
| _____ | _____ | _____ | _____ | |
| <i>Home Phone</i> | <i>Alternate/Work Phone</i> | | <i>Email Address</i> | |

| | | | | |
|---|--|--|------------------------------------|-----------------------------------|
| PLEASE PLACE A CHECK BY YOUR RESPONSE OR PROVIDE THE APPROPRIATE INFORMATION | | | | |
| Are you interested in: | <input type="checkbox"/> Full Time | <input type="checkbox"/> Part Time | <input type="checkbox"/> Temporary | |
| What schedule would you prefer? | <input type="checkbox"/> Weekdays | <input type="checkbox"/> Weekends | <input type="checkbox"/> Evenings | <input type="checkbox"/> Nights |
| How did you hear about the position? | <input type="checkbox"/> Classified Ad | <input type="checkbox"/> Friend (Name) | <input type="checkbox"/> Radio | <input type="checkbox"/> Internet |
| Desired Pay: | Hourly Pay \$ _____ | Annual Pay \$ _____ | Desired _____ | |
| When are you able to start work? | Date: _____ | | | |
| In what local area do you prefer to work? | _____ | | | |
| Position desired: | _____ | | | |

| | |
|--|--|
| PLEASE CHECK YES OR NO TO THE FOLLOWING: | |
| Are you authorized to work in the United States? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with these laws, Modern Psychiatry and Wellness will verify the status of every individual offered employment with the Company. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization. | |
| Are you capable of performing the essential functions of the job for which you are applying with or without a reasonable accommodation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Modern Psychiatry and Wellness is an equal opportunity employer and does not discriminate against any applicant or employee because of race, color, religion, sex, national origin, disability, age, or military or veteran status in accordance with federal law. In addition, Modern Psychiatry and Wellness complies with applicable state and local laws governing non-discrimination in employment in every jurisdiction in which it maintains facilities. Modern Psychiatry and Wellness also provides reasonable accommodation to qualified individuals with disabilities in accordance with applicable laws.

PLEASE LIST YOUR WORK EXPERIENCE BELOW (MOST RECENT JOB FIRST)

| | | | | | |
|--|--|-------|---|---------------------------------------|--|
| | COMPANY NAME | | | YOUR POSITION and TITLE | |
| FROM ____ / ____ Month Year | NO. & STREET | | | SUPERVISOR'S NAME, TITLE and POSITION | |
| | CITY | STATE | ZIP CODE | SUPERVISOR'S TELEPHONE NUMBER | |
| | TYPE OF BUSINESS | | STARTING PAY \$ | FINAL PAY \$ | |
| TO ____ / ____ Month Year | TELEPHONE NUMBER () | | TERMINATION ____ VOLUNTARY ____ INVOLUNTARY | REASON FOR LEAVING | |
| | BRIEFLY DESCRIBE YOUR <u>MAJOR DUTIES</u> AND <u>REASON(S) FOR TERMINATION</u> | | | | |

May we contact your present employer? _____ Yes _____ No

| | | | | | |
|--|--|-------|---|---------------------------------------|--|
| | COMPANY NAME | | | YOUR POSITION and TITLE | |
| FROM ____ / ____ Month Year | NO. & STREET | | | SUPERVISOR'S NAME, TITLE and POSITION | |
| | CITY | STATE | ZIP CODE | SUPERVISOR'S TELEPHONE NUMBER | |
| | TYPE OF BUSINESS | | STARTING PAY \$ | FINAL PAY \$ | |
| TO ____ / ____ Month Year | TELEPHONE NUMBER () | | TERMINATION ____ VOLUNTARY ____ INVOLUNTARY | REASON FOR LEAVING | |
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| | CITY | STATE | ZIP CODE | SUPERVISOR'S TELEPHONE NUMBER |
| | TYPE OF BUSINESS | | STARTING PAY \$ | FINAL PAY \$ |
| TO ____ / ____ Month Year | TELEPHONE NUMBER () | | TERMINATION ____ VOLUNTARY ____ INVOLUNTARY | REASON |
| | BRIEFLY DESCRIBE YOUR <u>MAJOR DUTIES</u> AND <u>REASON(S) FOR TERMINATION</u> | | | |

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| FROM ____ / ____ Month Year | NO. & STREET | | | SUPERVISOR'S NAME, TITLE and POSITION |
| | CITY | STATE | ZIP CODE | SUPERVISOR'S TELEPHONE NUMBER |
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| TO ____ / ____ Month Year | TELEPHONE NUMBER () | | TERMINATION ____ VOLUNTARY ____ INVOLUNTARY | REASON |
| | BRIEFLY DESCRIBE YOUR <u>MAJOR DUTIES</u> AND <u>REASON(S) FOR TERMINATION</u> | | | |

Explain any gaps in work history: _____

Have you ever been discharged or asked to resign from a job? Yes No

If yes, explain: _____

EDUCATION:

| NAME AND ADDRESS OF SCHOOL | MAJOR SUBJECT | DID YOU GRADUATE? | TYPE OF DEGREE OR DIPLOMA |
|----------------------------|---------------|-------------------|---------------------------|
| HIGH SCHOOL OR PREP | | | |
| COLLEGE | | | |
| COLLEGE OR GRADUATE | | | |
| OTHER | | | |

PROFESSIONAL LICENSES:

| | | |
|-----------------|------------------------|----------------|
| TYPE OF LICENSE | STATE GRANTING LICENSE | LICENSE NUMBER |
| TYPE OF LICENSE | STATE GRANTING LICENSE | LICENSE NUMBER |

REFERENCES: Please list three professional references

| NAME | RELATIONSHIP | COMPANY | PHONE/ALTERNATE PHONE |
|------|--------------|---------|-----------------------|
| | | | |
| | | | |
| | | | |

PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION

I have submitted the attached employment application to Modern Psychiatry and Wellness, LLC for the purpose of obtaining employment. I acknowledge that the use of this form does not indicate that any positions are open, nor does it obligate the company to further process my application.

My signature below certifies that the facts set forth in this employment application are true and complete to the best of my knowledge and I authorize Modern Psychiatry and Wellness, LLC to verify their accuracy and to obtain reference information regarding my prior work performance. I hereby release Modern Psychiatry and Wellness, LLC from any/all liability that could result from obtaining and using said information to make decisions regarding possible employment at MPW.

I understand that any misrepresentation or omission of any fact made during any interview or written in an application, resume or any other written materials, can be justification for refusal of employment, or, if employed, termination from the Company's employ.

I understand that this application is not an employment contract for any specific length of time between the Company and me, and that in the event I am hired, my employment will be "at will" and either the Company or I can terminate my employment with or without cause and with or without notice at any time. Nothing contained in any handbook, manual, policy and the like, distributed by the Company to its employees is intended to or can create an employment contract, an offer of employment or any obligation on the Company's part. The Company may, at its sole discretion, hold in abeyance or revoke, amend or modify, abridge or change any benefit, policy practice, condition or process affecting its employees.

References: I hereby authorize the company and its agents to make such investigations and inquiries into my employment and educational history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquires connected with my application and I specifically authorize the release of information by any schools, businesses, individuals, services or other entities listed by me in this form. Furthermore, I authorize the company and its agents to release any reference information to clients who request such information for purposes of evaluating my credentials and qualifications.

SIGNED: _____

DATE: _____