



EMPLOYMENT APPLICATION

PLEASE PRINT OR TYPE

Today's Date _____

First Name	MI	Last Name	Preferred Name/Nickname	
Street Address	Apt #	City	State	Zip Code
Home Phone	Alternate/Work Phone		Email Address	

PLEASE PLACE A CHECK BY YOUR RESPONSE OR PROVIDE THE APPROPRIATE INFORMATION**Are you interested in:** Full Time Part Time Temporary**What schedule would you prefer?** Weekdays Weekends Evenings Nights**How did you hear about the position?** Classified Ad Friend (Name) Radio 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?** Yes 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? Yes 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 <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY	REASON FOR LEAVING	
	BRIEFLY DESCRIBE YOUR <u>MAJOR DUTIES</u> AND <u>REASON(S)</u> FOR TERMINATION				

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 <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY	REASON FOR LEAVING	
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TO _____ Month / Year	TELEPHONE NUMBER ()		TERMINATION — VOLUNTARY — INVOLUNTARY	REASON	
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	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	
	BRIEFLY DESCRIBE YOUR <u>MAJOR DUTIES</u> AND <u>REASON(S)</u> FOR TERMINATION				

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 inquiries 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: _____