



Employment Application

Submit Application To: PO Box 534 Utica, NY 13503-0180

Personal Information

(PLEASE PRINT)

Last Name		First Name		Middle	Social Security No.				
Home Address			City	State	Zip				
Home Telephone () ()		Business Telephone () ()		May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Position Applying For: <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Psychiatric Nurse Practitioner <input type="checkbox"/> Licensed Clinical Social Worker –R <input type="checkbox"/> Licensed Mental Health Counselor Date Available: ____ / ____ / ____ Are you interested in (check all that apply): <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Days and hours available	Day	Mon	Tues	Wed	Thur	Fri	Sat	
		From							
		To							

Educational History

High School				
1. Name	City	State	Zip Code	Did You Graduate/Year?

College/University/Professional & Trade Schools					
1. Institution Name					
Address	Degree Earned/ Major	Attended From	Attended To	Did you Graduate/Year?	Number of Credits
2. Institution Name					
Address	Degree Earned/ Major	Attended From	Attended To	Did you Graduate/Year?	Number of Credits
3. Institution Name					
Address	Degree Earned/ Major	Attended From	Attended To	Did you Graduate/Year?	Number of Credits
4. Institution Name					
Address	Degree Earned/ Major	Attended From	Attended To	Did you Graduate/Year?	Number of Credits

Professional-License No. _____ Permit No. _____ Registration No. _____

Employees must provide a copy of required licenses.



List employment starting with your most recent position. Account for any time during this period that you were unemployed by stating the nature of your activities.				
1	Employer	Dates Employed From: To:	Hourly Rate/Salary Starting: Final:	Position(s) Held
Street Address				Telephone Number
City		State	Zip Code	Supervisor's Name
Reason(s) for Leaving				
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
2	Employer	Dates Employed From: To:	Hourly Rate/Salary Starting: Final:	Position(s) Held
Street Address				Telephone Number
City		State	Zip Code	Supervisor's Name
Reason(s) for Leaving				
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
3	Employer	Dates Employed From: To:	Hourly Rate/Salary Starting: Final:	Position(s) Held
Street Address				Telephone Number
City		State	Zip Code	Supervisor's Name
Reason(s) for Leaving				
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
4	Employer	Dates Employed From: To:	Hourly Rate/Salary Starting: Final:	Position(s) Held
Street Address				Telephone Number
City		State	Zip Code	Supervisor's Name
Reason(s) for Leaving				
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
5	Employer	Dates Employed From: To:	Hourly Rate/Salary Starting: Final:	Position(s) Held
Street Address				Telephone Number
City		State	Zip Code	Supervisor's Name
Reason(s) for Leaving				
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				



Describe any specialized training, certificates, apprenticeship and skills.

Please indicate your computer skill level:

- () **Basic** (Microsoft Windows, Word, Internet Explorer, Outlook)
- () **Intermediate** (Microsoft Windows, Word, Excel, Internet Explorer, Outlook, Adobe Acrobat)
- () **Advanced** (Microsoft Windows, Word, Excel, Access, Internet Explorer, Outlook, Adobe Acrobat)

References

Business References (Do not list relatives or friends.)				
Name	Address	Contact/Work Phone Number	Title	Years Known
		()		
		()		
		()		

Legal

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? (Proof of citizenship or immigration status will be required upon employment.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a crime? A conviction will not necessarily disqualify an applicant.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain _____ _____	

Please Read Carefully

I certify that all information and responses given herein are true and complete to the best of my knowledge.

I authorize Psychiatric Services of Central New York (PSCNY) to conduct a complete background investigation including all statements contained in this application for employment as may be necessary in arriving at an employment decision. I also give PSCNY permission to request and receive information from my previous employers, my references, and any other with knowledge or records relating to the information in my application.

I understand that any offer of employment will be conditioned upon the satisfactory results of a background check (including fingerprinting as required for the position), receipt of satisfactory references, and other criteria as determined by the position I am being hired.

I understand that this application is not a contract of employment. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to enter into an employment and practice agreement with PSCNY, and to abide by all rules, policies, procedures, and regulations of the Employer.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with PSCNY may not be changed, unless such change is specifically acknowledged in writing by the Parties as provided for in my employment and practice agreement with PSCNY.

APPLICANT'S SIGNATURE: _____

DATE SIGNED: _____

