

APPLICATION FOR EMPLOYMENT

Mid-Ohio Psychological Services, Inc (MOPS) is an equal opportunity employer and considers applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

INTRODUCTORY INFORMATION:

Date: _____

Name: _____ Phone: _____

Address: _____

Social Security Number: _____

APPLICANT QUESTIONS:

Position Applied For: _____ Salary Desired: _____

Date Available: _____ Hours Available: Full-Time Part-Time

How were you referred to MOPS? _____

Are you currently employed? Yes No If yes, where? _____

May we contact your present employer? Yes No NA

Are you on a lay-off and subject to recall? Yes No

Can you travel if the job requires it? Yes No

Have you ever been convicted of plead guilty or no contest to, a crime other than a minor traffic violation? Yes No

If yes, please briefly explain, including date of final disposition of the case and the nature of the offense. This information will not necessarily disqualify you from employment but false or misleading information will. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.

If hired, can you provide documents required to establish your eligibility to work in the U.S.?

Yes No

EDUCATION:

High School or last grade completed:

Name & Address of School: _____

Course of Study: _____ Number of years completed: _____

Degree/Diploma: _____

College or Technical School

Name & Address of School: _____

Course of Study: _____ Number of years completed: _____

Degree/Diploma: _____

Other Schooling or Training

Name & Address of School: _____

Course of Study: _____ Number of years completed: _____

Degree/Diploma: _____

MILITARY EXPERIENCE:

Branch of Service: _____ From: _____ To: _____

Rank/Type of Service: _____

Special Training/Experience: _____

EMPLOYMENT EXPERIENCE Start with your **present or most recent employer**.

Employer: _____ Telephone: _____

Address: _____ City, State, Zip Code: _____

Job Title: _____ Supervisor: _____

Dates Employed: _____ to _____

Brief Reason for Leaving: _____ Salary at Time of Leaving: _____

Job Duties, Skills, and or Qualifications: _____

Employer: _____ Telephone: _____

Address: _____ City, State, Zip Code: _____

Job Title: _____ Supervisor: _____

Dates Employed: _____ to _____

Brief Reason for Leaving: _____ Salary at Time of Leaving: _____

Job Duties, Skills, and or Qualifications: _____

Employer: _____ Telephone: _____

Address: _____ City, State, Zip Code: _____

Job Title: _____ Supervisor: _____

Dates Employed: _____ to _____

Brief Reason for Leaving: _____ Salary at Time of Leaving: _____

Job Duties, Skills, and or Qualifications: _____

Please explain any gaps of 6 months or longer in your employment history: _____

WORK RELATED REFERENCES: (Do not include relatives)

Name	Occupation	Years Known	Telephone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List professional, trade, business or civic activities and offices held. (You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, handicap, or other protected status): _____

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with Physical or Mental Handicaps:

Government contractors are subject to 38 USC 2012 of the Vietnam Era Veterans Readjustment Act of 1974, which requires that they take affirmative action to employ and advance in employment qualified disabled veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, **you are invited to volunteer this information**, which will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below:

Handicapped Individual Disabled Veteran Vietnam Era Veteran

Signature

Date

APPLICANT'S AGREEMENT

I understand and agree that, if I am employed by Mid-Ohio Psychological Services, Inc (MOPS), my employment is entirely "at will," which means it is not guaranteed for any definite period of time, and that my employment can be modified or terminated, with or without cause, and regardless of the date of payment of my wages and salary, and with or without prior notice at any time, at the option of either MOPS or myself. I understand and agree that MOPS reserves the right to establish and/or change any of the terms or conditions of any aspect of my employment, including my compensation, at its discretion at anytime with or without notice. I understand and agree that no other oral or written agreements of any kind pertaining to the terms of my employment and/or my compensation exist outside of this Agreement, and if I believe that any such previous agreements between any MOPS representative and myself have been made, I agree they are **superseded by the contents of this Agreement**. I understand and agree that no representative of MOPS, other than the Executive Director, the President of the Board, or the Board of Directors as a whole, have any authority to enter into any other agreement with me or provide me with any assurances relating to any aspect of my employment with MOPS, except that the above mentioned officials of MOPS may do so in writing, although the terms of that agreement cannot contradict the contents of this one. The terms of this Agreement will supersede all others.

I understand that if I am offered employment by MOPS, and if I accept the offer, this document will serve as the only and primary Agreement between MOPS, its representative and myself. I also agree that \$1.00 of the wages I am paid when I report to work on my first day of employment will serve as sufficient consideration to bind this Agreement.

I authorize MOPS to investigate my background, qualifications and/or any other information from whomever it deems appropriate. I authorize MOPS to rely upon and use as it sees fit, any information received from such contacts. I also authorize anyone MOPS contacts as part of its investigation to release any information they have regarding me or my employment to MOPS or its representatives. I also release all parties from all liability for any damage that may result from furnishing this information to MOPS. Further, I release MOPS from all liability for any information it might deem appropriate to release regarding me and my employment in the future.

I further agree to take any lawful medical examinations, chemical, drug or alcohol tests upon request by MOPS at its sole discretion as a condition of my employment, or if I am hired, as a condition of my continued employment at any time as deemed appropriate by MOPS. I agree that my refusal to take any such examination or test immediately upon request may be cause for my not being hired or, if I am hired, may be cause for the immediate termination of my employment. I hereby release all persons or companies conducting such examinations from all liability.

I also certify that the facts contained in this application are true and complete to the best of my knowledge and understanding that if I am employed, any statements that I have falsified for this Application may be grounds for dismissal regardless of time of discovery. I understand that all job offers are contingent upon a negative substance test and clean background check. I further certify that I have read all of the foregoing, understand the same and do hereby voluntarily agree to all of the provisions contained herein.

READ CAREFULLY BEFORE SIGNING

I agree that any claim or lawsuit relating to my service with Mid-Ohio Psychological Services, Inc must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

If you are hired, this employment application will become part of your official employment record.

APPLICANT'S SIGNATURE

DATE