

PREMIER SPORT PSYCHOLOGY, PLLC
Employment Application



APPLICANT INFORMATION

First Name		Last Name		M.I.
Street Address				
City		State	ZIP	
Phone		E-mail		
Are you authorized to work in the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>		Are you willing to travel for this position? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Are you able to perform the essential functions of the position with or without accommodations? YES <input type="checkbox"/> NO <input type="checkbox"/>		Can you begin work immediately? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Which shifts are you willing and able to work? (Check all that apply) DAY <input type="checkbox"/> EVENING <input type="checkbox"/> WEEKEND <input type="checkbox"/>				
Are you seeking a permanent position? YES <input type="checkbox"/> NO <input type="checkbox"/>		What kind of position are you seeking? Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>		

PREVIOUS EMPLOYMENT

Company		Phone
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company		Phone
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company		Phone
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

EDUCATION

School/Program	Major/Minor
Dates of Attendance	Graduated
School/Program	Major/Minor
Dates of Attendance	Graduated
School/Program	Major/Minor
Dates of Attendance	Graduated

SKILLS & QUALIFICATIONS

Other qualifications such as special skills, abilities, or honors that should be considered:

Types of computers, software, and other equipment you are qualified to operate or have experience using:

Professional licenses, certifications, or registrations:

Additional skills, including supervision skills, other languages or information regarding the career/occupation you wish to bring to the employer's attention:

DISCLAIMER AND SIGNATURE

As part of our procedure for processing your employment application, your employment references may be checked. If you have misrepresented or omitted any facts on this application and are subsequently hired, you may be discharged from your job. You may make a written request for information derived from the checking of your references.

Any initial offer of employment is a conditional offer of employment, which may be conditioned upon any or all of the following: providing proof of authorization to work in the United States, completing and passing a pre-employment examination that examines your ability to perform the essential functions of the job you have applied for with or without accommodation, taking and passing a pre-employment drug screening, passing a background check and signing a Conflict of Interest and Confidentiality Agreement whereby you agree to abide by its terms.

Your signature below indicates that you understand and agree to the information shown above and attest that, to the best of your abilities, it is accurate.

Signature	Date
Printed Name	

Equal Employment Opportunity: While many employers are required by federal law to have an Affirmative Action Program, all employers are required to provide equal employment opportunity and may ask your national origin, race and sex for planning and reporting purposes only. This information is optional and failure to provide it will have no effect on your application for employment.

Please be sure to complete all requirements of the application process before submitting your application!

