

## Application for Employment

Footsteps Psychological Services, P.C. is an Equal Opportunity Educational Institution and EEO/Affirmative Action Employer committed to excellence. Employment offers are made on the basis of qualifications, and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

**PLEASE TYPE OR PRINT.** Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume.") Applications with missing or false information will not be considered for any position.

Position Applying For:	Name (Last, First, Middle):	Other names under which you have attended school or been employed:	
JOB:			
Street Address:		City, State & Zip:	
Social Security Number:	Home Phone:	Work Phone:	Other Phone:
Are you at least 18 years of age and eligible to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever worked as a TSS or BHT or RBT?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list employer, amount of experience and if this was ABA services?	
Are you currently employed at Footsteps?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, what is your current job title & department?	
Have you ever been employed by Footsteps Psychological Services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, dates of employment & reason for leaving:	
Are you related to any current employees of Footsteps?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, their name & their relationship to you?	
If required for position, do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, State of issuance, license #, and expiration date:	
How did you learn about this employment opportunity at?		Check all that apply:	
<input type="checkbox"/> Job Bulletin (Posting) /Walk-in	<input type="checkbox"/> Website	<input type="checkbox"/> Dept. of Labor	<input type="checkbox"/> Ad in newspaper
<input type="checkbox"/> Referral by employee	<input type="checkbox"/> Other:		<input type="checkbox"/> Ad in magazine

### EDUCATION

Name of School	City/State	Did you graduate?	If No, # of years left to graduate	If Yes, date of Graduation	Degree received	Major
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
GED:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				

**Applicant Name:** \_\_\_\_\_

**SKILLS:** What skills do you have that would make you a good candidate for this position (e.g., technology, communication, organization, interpersonal skills, previous experience working with children and/or behavioral health/education)?


**WORK EXPERIENCE-**Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. **PLEASE DO NOT** complete this information with the notation "See Resume."

**PLEASE NOTE:** Footsteps Psychological Services, P.C. reserves the right to contact all current and former employers for reference information.

Dates Employed (most recent position) From:                      To:	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time  If part-time, # hrs./wk.: <input type="checkbox"/>	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:
Dates Employed (most recent position) From:                      To:	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time  If part-time, # hrs./wk.: <input type="checkbox"/>	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:

Applicant Name: \_\_\_\_\_

Has your professional license ever been sanctioned?  No  Yes If Yes, please explain.

Have you ever had voluntary or involuntary termination of your professional or medical staff membership or limitations or loss of clinical privileges?

N/A  No  Yes, If yes, please explain.

Have you ever been convicted of a crime?  No  Yes If Yes, please explain.

Have you ever been convicted of insurance fraud?  No  Yes If Yes, please explain.

Are you able to perform the essential functions of the job with or without accommodations?

No  Yes

If necessary for the job, I am able to work the following shifts (Check all that apply)

Any  Day  Night  Weekends  Rotating  Evenings

**PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.**

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize Footsteps Psychological Services, P.C. to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of Footsteps Psychological Services, P.C. serve at-will, and the employment relationship may be terminated at any time by either party, or any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States, DPW, and other regulatory agency standards. I understand that if employed on a temporary basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off. I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice. I understand that the first THREE MONTHS of regular employment represent a provisional period, during which I would not be eligible to apply for transfer or promotion and during which I may be terminated without right of appeal.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

