



PSYCHWEST

Clinical & Forensic Psychology, Inc.

1445 Butte House Rd., Suite F, Yuba City, CA 95993
Phone/Fax: (530) 751-1122

Craig West, Psy.D.: President
Web: psychwest.com
Email: psychwestinc@psychwest.com

PSYCHWEST, INC. APPLICATION FOR EMPLOYMENT

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, or other protected classification.

Date:

Name:

Address:

Telephone Number:

Email Address:

Are you over 18 years old? Yes No

If hired, can you present evidence of your U.S. citizen or proof of your legal right to live and work in this country?

Yes No

Enter Position:

Wage or Salary Desired:

Date you can start:

How did you learn of this position?

Yes No

Have you worked here before?

Are there any hours, shifts, or days you cannot or will not work?

Are you willing to work overtime as required?

Can you perform the essential functions of the job with or without reasonable accommodation? If no, describe the functions that cannot be performed? Yes No

(Note: We comply with applicable state and federal laws and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

EDUCATION

Institution	Name/Location	Years Completed	Year Graduated	Major	Diploma/ Degree
High School					
College/Trade					
University					
Other					

If applicable, may we contact your present employer? Yes No (If no, please explain)
 If no, please explain

In addition to your work history, what experience, skills or qualifications would you bring to this company?

In addition to your work history, what experience, skills or qualifications would you bring to this company?

WORK HISTORY

<i>Employer</i>	<i>Address</i>	<i>Telephone</i>
<i>Position Title</i>	<i>Supervisor's Name and Title</i>	
Dates of Employment	Start Date:	End Date:
Reason for Leaving		
Descriptions of Duties		
<i>Employer</i>	<i>Address</i>	<i>Telephone</i>
<i>Position Title</i>	<i>Supervisor's Name and Title</i>	
Dates of Employment	Start Date:	End Date:
Reason for Leaving		
Descriptions of Duties		
<i>Employer</i>	<i>Address</i>	<i>Telephone</i>
<i>Position Title</i>	<i>Supervisor's Name and Title</i>	
Dates of Employment	Start Date:	End Date:
Reason for Leaving		
Descriptions of Duties		

PROFESSIONAL / WORK REFERENCES

NAME	ADDRESS	TELEPHONE NO.	OCCUPATION	YEARS KNOWN

APPLICANT'S CERTIFICATION AND AGREEMENT
Please Read Carefully, Initial Each Paragraph, and Sign Below

I understand that the employer follows an employment-at-will policy, in that I, or the employer, may terminate my employment at any time, or for any reason consistent with applicable state or federal law. I understand that this is not a contract of employment. I understand that to be employed I must be lawfully authorized to work in the United States, and I must show that the employer documents that will prove this.

I understand that the company will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named herein, except my current employer, if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information. I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

I understand and agree to the following in consideration of my employment by Psychwest, Clinical & Forensic Psychology, Inc. (the Company): (A) To promptly disclose to the Company any and all improvements, discoveries, and inventions which I shall make or conceive during the period of my employment relating to the business activities of the Company and to assign my interest therein to the Company; (B) To execute any and all applications, assignments or other documents which the Company deems necessary to apply for to protect the interest of the Company in such inventions, disclosures, and improvements; (C) That my obligations as stated above with respect to such inventions, discoveries, and improvements shall be binding upon my assigns, executor, administrators, and other legal representatives.

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given on my application or interview may result in my immediate termination.

Applicant's Signature

Date
