



APPLICATION FOR EMPLOYMENT

American Neuro-Psychiatric Network, Inc.

2999 Westminster Ave, Ste 210, Seal Beach, California, 90740
(562) 493-9389

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position applied for: _____ Date: _____

Seeking Full Time Part Time Per Diem

When could you start work? _____

Availability/ Shift Preference? _____

Name _____
Last First Middle

Address _____
Street # City State Zip Code

Phone # _____ Social Security Number _____

Drivers License # _____ State _____

If you are under 18, and it is required, can you furnish a work permit? Yes No

If hired, can you furnish proof you are eligible for work in the US? Yes No

Have you ever been employed here before?..... Yes No

If yes explain: _____

Are you now, or do you expect to be engaged in any other employment? Yes No

If yes, explain: _____

AN EQUAL OPPORTUNITY EMPLOYER

Employment History:

Provide the following information for your past four (4) employers, assignments or volunteer activities, starting with the most recent. Please give the month and year.

Employer: _____ Supervisor _____

Address: _____ Telephone #: _____

Job Title: _____ From _____ To _____

Summarize Job Responsibilities: _____

Reason for Leaving: _____

Employer: _____ Supervisor _____

Address: _____ Telephone #: _____

Job Title: _____ From _____ To _____

Summarize Job Responsibilities: _____

Reason for Leaving: _____

Employer: _____ Supervisor _____

Address: _____ Telephone #: _____

Job Title: _____ From _____ To _____

Summarize Job Responsibilities: _____

Reason for Leaving: _____

Employer: _____ Supervisor _____

Address: _____ Telephone #: _____

Job Title: _____ From _____ To _____

Summarize Job Responsibilities: _____

Reason for Leaving: _____

Educational Background:			
Name and Location	Years Completed	Graduate?	Course of Study
High School:			
College			
Other			
Vocational/Technical			

Special Skills and Qualifications:
 What skills or additional training do you have that are related to the job for which you are applying?

References

Are you presently employed? _____ Yes _____ No
 May we contact your present employer? _____ Yes _____ No
 Have you ever been fired from a job, or asked to resign _____ Yes _____ No

Give three references, and their relationship to you:

Name	Address	Phone	Relationship

AFFIDAVIT: I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered later.

I give the employer the right to contact and obtain information from all references, employers, and educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

I understand that if I am extended an offer of employment it will be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I also understand that I will be required to successfully pass a drug screening examination. I hereby consent to a pre and/or post employment drug screen as a condition of employment.

I understand, if I am hired, that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause or prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature: _____ **Date:** _____

This application will remain active for a period of 90 days.