



2112 Case Parkway South, #10  
P.O. Box 468  
Twinsburg, OH 44087-0468

# APPLICATION FOR EMPLOYMENT

Tel: 330.425.8474  
Toll-Free: 800.841.4774  
Fax: 330.425.2905  
Website: www.psi-solutions.org  
E-Mail: info@psi-solutions.org

Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Tel: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Business Tel: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ Social Security No: \_\_\_\_\_  
Position: \_\_\_\_\_ Referral Source: \_\_\_\_\_

Have you applied for employment with PSI previously? Yes  No

Hours you prefer: Full-time  Part-time  (Number of days/hours per week) \_\_\_\_\_

List memberships in professional and civic organizations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name/address/telephone of three professional references (other than relatives): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Education History:

	<i>School Name and Location</i>	<i>Major Area</i>	<i>Yrs. Completed</i>	<i>Degree/Diploma</i>
Graduate/Professional				
College/University				
High School				
Elementary				

Summarize special skills and qualifications acquired from employment or other experience.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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### Employment History:

Please give full-time and part-time employment record. Start with present or most recent employer.

Employer: _____	Tel: _____
Address: _____	Job Title: _____
City/State/Zip: _____	Number of Years: _____
Supervisor: _____	Salary: _____
Job Duties: _____	Reason for Leaving: _____

Employer: _____	Tel: _____
Address: _____	Job Title: _____
City/State/Zip: _____	Number of Years: _____
Supervisor: _____	Salary: _____
Job Duties: _____	Reason for Leaving: _____

Employer: _____	Tel: _____
Address: _____	Job Title: _____
City/State/Zip: _____	Number of Years: _____
Supervisor: _____	Salary: _____
Job Duties: _____	Reason for Leaving: _____

List certificates and/or licenses currently held and state(s) in which are valid: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Has your license/certification ever been revoked/suspended? No  Yes  If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever received a reprimand from a state or federal regulatory board? No  Yes  If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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Have you ever been convicted of a crime? No  Yes  If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How do you feel your services can benefit those served by PSI? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Criminal Records Check:**

As provided by law, PSI requires criminal records checks as a precondition of employment of personnel to provide services involving care and custody of children. In connection with this requirement, the applicant will be expected to:

- Provide evidence of residency in Ohio for the 5 years prior to the criminal records check. If the applicant resided elsewhere, criminal history information will be requested from the Federal Bureau of Investigation;
- Obtain and submit to PSI a set of fingerprint impressions obtained by law enforcement authorities. Impressions and identifying data must be submitted on forms provided for this purpose by PSI;
- Pay any fees charged by government agencies for the required background check and subsequent report to PSI.

*Note:* Criminal records reports obtained by PSI will not be made available to any person other than employees of PSI authorized to participate in employment-related activities. In the event that an applicant is not employed, PSI will destroy all records pertaining to the criminal records check.

**AGREEMENT**

I declare the information provided by me in this Application is true and complete to the best of my knowledge. Falsification of this Application is grounds for disciplinary action up to and including discharge. I hereby further acknowledge that PSI has explained that this Application does not, individually, constitute an employment agreement. I also understand that only the President of PSI is authorized to enter into written employment agreements.

I authorize the investigation of all statements contained in this Application for Employment as may be necessary in arriving at an employment decision. I also agree to comply with requirements associated with the criminal records check which may be necessary as a precondition of employment.

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

*Note: Please attach current resumé.*

**No presumption of employment with PSI after the end of the current school year is involved.**

**Prospective employees will receive consideration without discrimination  
because of race, creed, color, sex, age, national origin or handicap.**