

LINCOLN PARK PSYCHOLOGY, INC.



Emotional Growth Services

PERSONNEL APPLICATION

Updated: November 23, 2020

INFORMATION

Name:	Date of Application:
Date of Birth:	Email:
Phone:	SSN:
Address:	US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, are you legally able to work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No

POSITION INFO

Desired Position:	Certifications Held:
Highest Degree Held:	Organization Affiliations:
License Held (1):	License Number:
License Held (2):	License Number:
License Held (3):	License Number:
Are you currently employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	When are you available for employment with us?
Age Group You Prefer to Work With:	Clinical Presentations You Prefer to Work With/You Work Best With:

Skills/Competencies/Strengths:	
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What brought you to apply for this position within Lincoln Park Psychology, Inc?:

What do you believe you can contribute to Lincoln Park Psychology based on who you are, and your unique abilities and experiences?:

Have you ever been convicted of a criminal offense other than a minor traffic violation?: YES NO

If yes, please explain: -----

Have you ever been convicted of sexual abuse, physical abuse or neglect of a minor?: YES NO

If yes, please explain: -----

WORK EXPERIENCES & REFERENCES:

Do we have permission to contact your present, and/or most recent, employer(s) or supervisor(s):
 YES NO

If no, please explain:

EMPLOYMENT HISTORY

Start & End Date	Place of Employment or Training Site	Name of Employer or Supervisor & Title/Position	Phone Number(s)

PROFESSIONAL REFERENCES

Name	Relationship	Phone Number

I hereby affirm that the information provided by me in this application is true and complete to the best of my knowledge; and grant permission to authorized personnel at Lincoln Park Psychology, Inc. to examine my records for the purpose of hiring. I understand that any misrepresentation, falsification or omission will be sufficient cause for cancellation of the application, or discharge if I have already been employed.

Printed Name

Signature

Date