

2112 Case Parkway South, #10  
P.O. Box 468  
Twinsburg, OH 44087-0468  
E-Mail: info@psi-solutions.org  
Website: www.psi-solutions.org



Tel: 330.425.8474  
Toll-Free: 800.841.4774  
Fax: 330.425.2905  
Toll Free Fax: 866-687-2823

# APPLICATION FOR EMPLOYMENT

THIS APPLICATION WILL REMAIN ACTIVE FOR THREE (3) MONTHS UPON SIGNING

Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Tel: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ Business Tel: \_\_\_\_\_  
Position: \_\_\_\_\_ Last 4 digits of social security #: \_\_\_\_\_

Have you applied for employment with PSI previously? No  Yes  How did you hear about us: \_\_\_\_\_

Have you worked for PSI previously? No  Yes

Are you eligible to work in the United States? No  Yes  \_\_\_\_\_

Are you currently employed? No  Yes  When would you be able to begin work? \_\_\_\_\_

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

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

Name/phone/email address of three **professional references** (other than relatives):

Name	Phone	Email	Relationship	O.K to contact

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

PSI is an Equal Employment Opportunity employer. It is the philosophy, intent and commitment of PSI to adhere to a policy of equal employment opportunities for all applicants and employees without regard to race, color, religion, sex, age, national origin, veteran status or mental or physical disability or any other status protected by law.

Summarize special skills, qualifications, or training acquired from employment or other experience.

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### Employment History:

Starting with your most recent position; please provide the last 10 years of employment (a separate sheet can be used if necessary). **Your resume does not replace this section.**

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

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Address: _____	Job Title: _____
City/State/Zip: _____	Dates of Employment: _____
Supervisor: _____	Salary: _____
Job Duties: _____	Reason for Leaving: _____

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

Name license is under	License	License Number	State(s)

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

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

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During the past 7 years, have you ever been convicted of, pled guilty or pled no contest to a crime, including misdemeanors and traffic violations? No  Yes  If yes, please explain: \_\_\_\_\_

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

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## AGREEMENT

If I am employed by PSI, I understand my employment is entirely employment at-will, which means employment may be terminated or changed at any time with or without cause. No Manager, Supervisor or other representative of PSI has the authority to enter into any employment agreement not specifically set forth in writing and signed by all parties.

**Criminal Background Check:** Under Ohio law, PSI is required to submit the fingerprints of any new employee to the State of Ohio and the Federal Bureau of Investigation for a civilian background check. I agree to comply with these requirements for providing information and paying such fees as may be charged by government agencies in connection with criminal history records. If employment commences prior to receipt by PSI of the criminal history record required, I understand I am employed on a provisional basis pending receipt of the criminal history record. In the event that I am found to have been convicted of a criminal offense(s) that violates PSI's criminal background check policy, I understand the offer of employment will be rescinded and the employment agreement shall be rendered null and void.

**Right to Release Information:** I authorize PSI to investigate my background employment, qualifications, and/or any other information that PSI deems appropriate. I also authorize anyone PSI contacts as part of its investigation to release any information they have regarding me or my employment to PSI or its representatives. I also authorize PSI to release the results of any background checks conducted on me and any other information related to me or my employment as it deems appropriate. I release all parties, including PSI, from all liability for any damage that may result from conducting, releasing or furnishing any such information.

**Commitment to Professional Standards:** If I am employed by PSI, I agree, for the duration of my employment, to devote my time and attention to performing my duties faithfully, intelligently, to the best of my ability and in the best interest of PSI and the students and school(s) to which I am assigned. I agree to abide by the secular policies, rules and objectives of both PSI and the school(s) to which I am assigned. I further agree to follow the grooming and dress code restrictions set forth by PSI and the school(s) to which I am assigned. PSI Management, Supervisors and Coordinators have discretion when determining appropriateness of professional behavior, standards, and appearance.

I certify that there are no legal or contractual impediments that would prevent me from accepting employment with the Company or fulfilling the duties of the position(s) for which I am applying. I further understand that, if hired, there is no presumption of employment with PSI after the end of the current school year.

I also certify that the facts contained in this Application are true and complete in all respects. If I am employed, any statements I have falsified on this Application shall be grounds for disciplinary action up to and including immediate dismissal. I understand that if I am employed, if PSI later determines that this Application, or any other documents or information given in conjunction with the hiring process contains false, incomplete, inaccurate or misleading information, my employment may be terminated immediately.

I have read and understand what is contained in this statement.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
Date