



Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____

Position Applied for: [] Psychotherapist/ Clinician [] Clinical Supervisor [] Intern [] Other (Specify):

Additional Languages Spoken [] Spanish [] French/ Creole [] Other- (specify): _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____





From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Email: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Email: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Email: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____
 Still employed by this company
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____
 Still employed by this company
May we contact your previous supervisor for a reference? YES NO





Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Emergency Contact Information

Name: _____ Phone: _____

Relation to Staff: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment (salaried or fee for service positions), I understand that false or misleading information in my application or interview may result in my termination of my employment or fee for service contract.

Signature: _____ Date: _____

Please be sure to submit with this application:

- a copy of your resume
- your highest education level diploma
- For licensed Clinicians and Supervisors-** your current professional licensure / certification
- a copy of your driver’s license or valid passport
- Two letters of professional references to include their relationship to you and where they work. **Student Interns can submit one letter of professional reference.**
- a copy of your Professional Liability (Malpractice) insurance certificate* **Required for Clinicians, Supervisors and Interns**

** Professional Liability insurance protects providers in the event that a client decides to file a complaint of malpractice against you. At this time we are not able to add 1099 contractors to be covered under Minette’s Professional Liability insurance per our insurance company’s rules and regulations. American Professional agency 800-421-6694 charges \$64-76 annually for a full time therapist (more than 21 hours/ week) to be covered. They charge \$43-51 for a part time therapist (less than 21 hours/ week) to be covered. **If you obtain a new liability insurance policy to work at Minette, send a copy of your new malpractice insurance policy to madeline.minettetherapy@gmail.com and we will reimburse you up to the \$51 that you paid for the policy as a part time therapist.***

