



APPLICATION FOR EMPLOYMENT

PsyGenics Inc ("PsyGenics") is committed to equal employment opportunity and prohibits discrimination based upon race, color, national origin, age, sex (including pregnancy, childbirth, and related conditions), gender identity including transgender status, sexual orientation, height, weight, marital status, disability, or any other status protected by applicable federal, state or local law.

PERSONAL	PRINT NAME (Last) (First) (Middle)			Date				
	PRESENT ADDRESS (City) (State) (Zip)			Telephone				
	PREVIOUS ADDRESS (City) (State) (Zip)			Last Four Digits of Social Security No.				
	<p>Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever been convicted of a criminal offense other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, indicate: date, place, nature of charge and disposition. (A conviction will not necessarily disqualify applicant from employment)</p> <p>Are you legally authorized to accept employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Will you now, or at any time in the future, require employer sponsorship to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>							
JOB INTEREST	Position you are applying for:		<input type="checkbox"/> Full Time Salary expected <input type="checkbox"/> Part Time \$_____ per _____					
	Can you perform the essential functions of the position for which you are applying with or without reasonable accommodation?		Date available for work:					
	Who referred you to us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Employee <input type="checkbox"/> Career Fair <input type="checkbox"/> Other							
	If other, please explain.							
	Please list names/relationships of relatives currently employed by PsyGenics.							
	Were you ever employed by PsyGenics? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?							
EDUCATION & TRAINING	CIRCLE HIGHEST GRADE COMPLETED IN EACH SCHOOL CATEGORY		HIGH SCHOOL		COLLEGE		GRADUATE SCHOOL	
			9 10 11 12		1 2 3 4		1 2 3 4	
	Name		Location (City/State)		Major Course		GPA Degree	
	High School							
	College							
	Graduate School							
	Apprentice, Business or Vocational School							
	Personal skills and office equipment experience: <input type="checkbox"/> Typing <input type="checkbox"/> wpm <input type="checkbox"/> Calculator <input type="checkbox"/> Personal Computer <input type="checkbox"/> Other							
	Additional training or skills, including special courses, etc.							

PROFESSIONAL LICENSURE, REGISTRATION OR CERTIFICATION

STATE	TYPE	NUMBER	DATE OF EXPIRATION

List other special courses, training or other skills which would assist you in performing the job applied for:

PROFESSIONAL MEMBERSHIP, RECOGNITION AND AWARDS

Honors (Include societies and scholarships): _____

Publications: _____

Professional and Technical Associations: _____

MILITARY SERVICE

From: _____ To: _____ Branch of Service : _____ Job Specialty: _____

Highest rank held: _____ Rank at Discharge: _____ Reserve Status: ___Active ___Inactive

EMPLOYMENT HISTORY

Please list all employment starting with present or most recent employer. Account for all time including secondary education, unemployment and service with U.S. Armed Forces. Use additional sheets if necessary.

Employment Dates	Employer Name, Address, Phone	1. Your Job Title 2. Department 3. Supervisor's name	Annual or Hourly Salary
From (Mo. - Yr.) /		1.	Weekly Hours
To (Mo. - Yr.) /		2.	
		3.	Base Salary/Rate \$
	Describe major duties		Bonus \$
OK to contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			Other \$
	Reason for leaving		

Employment Dates	Employer Name, Address, Phone	1. Your Job Title 2. Department 3. Supervisor's name	Annual or Hourly Salary
From (Mo. – Yr.) /		1.	Weekly Hours
		2.	
To (Mo. – Yr.) /		3.	Base Salary/Rate \$
OK to contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe major duties		Bonus \$
	Reason for leaving		Other \$

Employment Dates	Employer Name, Address, Phone	1. Your Job Title 2. Department 3. Supervisor's name	Annual or Hourly Salary
From (Mo. - Yr.) /		1.	Weekly Hours
		2.	
To (Mo. - Yr.) /		3.	Base Salary/Rate \$
OK to contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe major duties		Bonus \$
	Reason for leaving		Other \$

Have you ever been suspended, discharged or asked to resign from a prior employer? ☐ Yes ☐ No

If yes, please explain:

REFERENCES

Please list former supervisors and other references, <u>not</u> relatives, who have knowledge of your training and experience.				
Name	Street Address	City	State/Zip	Phone
Name	Street Address	City	State/Zip	Phone
Name	Street Address	City	State/Zip	Phone

APPLICANT'S CERTIFICATION AND AGREEMENT – READ CAREFULLY

I certify that the answers and information given by me in this Application for Employment, in my resume, and in any other materials that I have submitted are true and complete. In the event of employment, I understand that if PsyGenics Inc ("PsyGenics") at any time determines that any requested information was withheld or omitted by me or any of the answers or information provided by me are false, inaccurate or misleading, I will be subject to immediate dismissal once the facts become known.

I authorize PsyGenics to contact all my former and current employers (unless otherwise indicated by me in my Employment History on this Application), educational institutions, military entities, and the other references I have provided, regarding me and my performance record, and work, academic or military experience. I release PsyGenics or any individual or company from any and all liability including liability for libel and slander, for releasing or using information concerning me and my performance record, and work, academic, or military experience.

I certify that no promises of employment have been made to me and I understand that no such promise is binding upon PsyGenics. I acknowledge that any employment relationship with PsyGenics is "at will," which means that I may resign at any time and PsyGenics may discharge me at any time with or without cause and with or without notice. I also understand and agree that this "at will" employment relationship may not be modified or altered and that no employee or representative of PsyGenics, other than the President, has authority to enter into any agreement for employment for any period of time or make any agreement contrary to the foregoing. To be effective, any such agreement must be in writing, signed by me and the President.

I understand and agree that if employed by PsyGenics, my assigned work hour, duties, and location may be modified by PsyGenics, and if requested, I may be required to work overtime.

I understand and agree that if I am employed by PsyGenics and begin working prior to PsyGenics receiving the results of any pre-employment testing, such as an alcohol and/or drug screen, and background checks, my continued employment is conditioned upon successfully passing these tests. Failure to pass any required pre-employment testing will result in the termination of employment.

I understand and agree that any action, lawsuit, claim or charge against PsyGenics or its employees, agents or representatives including, but not limited to, claims under federal and state civil rights statutes, arising out of the application process, my employment or termination of employment must be brought within one hundred eighty (180) days of the event giving rise to the action, lawsuit, claim or charge or be forever barred. I voluntarily waive any longer statute of limitations. If the applicable statute of limitations is less than 180 days, I agree the shorter statute of limitations period applies. I understand and agree that any action, lawsuit, claim or charge filed outside of this limitation period is forever barred and voluntarily waive any limitations period to the contrary.

If you execute and submit this Application electronically to PsyGenics, you agree: (1) that you voluntarily agreed to submit your Application and other documents required and/or requested by PsyGenics electronically; and (2) your electronic signature is your own.

BY SIGNING BELOW, I ACKNOWLEDGE I HAVE READ, UNDERSTOOD, AND AGREE TO THE ABOVE.

Applicant Signature: _____

Date: _____