

MindSights, P.C.

Employment Application

Clinical Position

516 SE Morrison St, Ste 400

Portland, OR 97214

503.222.0707

Shamus.lynsky@mindsightspx.com



APPLICANT INFORMATION

Last Name		First Name		MI		Date of application	
Street Address						Unit #	
City		State		ZIP		E-mail	
Primary Phone				Alternate Phone			
Date Available		OBPE License # (N/A if not applicable)			NPI#		
Position Applied for							
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever been the subject of a professional Board complaint/investigation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please attach detailed explanation of circumstances and outcome.				

EDUCATION AND LICENSURE (In addition, please attach a copy of Curriculum Vitae)

Graduate School		City/State					
APA Accredited Program?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Highest Psychology Degree (Current or Expected)		Degree Date or Expected Date		
If not licensed in Oregon, will you be eligible for licensure or for Psychologist Resident status according to OBPE rules by hire date (assuming MindSights will be providing supervision under a Residency contract)?					YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>

REFERENCES

Please list three professional references, including most recent clinical supervisor.

1) Full Name		Relationship					
Company/Agency					Phone		
Address				E-mail			
2) Full Name		Relationship					
Company/Agency					Phone		
Address				E-mail			
3) Full Name		Relationship					
Company/Agency					Phone		
Address				E-mail			

PREVIOUS EMPLOYMENT (In addition, please attach a PDF copy of Curriculum Vitae)*Please list in reverse chronological order (most recent employment first).*

1) Company/Agency		Phone	
Address		Supervisor	
Job Title		Starting Salary	Ending Salary
From	To	Reason for Leaving	
2) Company/Agency		Phone	
Address		Supervisor	
Job Title		Starting Salary	Ending Salary
From	To	Reason for Leaving	
3) Company/Agency		Phone	
Address		Supervisor	
Job Title		Starting Salary	Ending Salary
From	To	Reason for Leaving	

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

EMERGENCY CONTACT

First Name	Last Name	Relationship
Primary Phone Number	Alternate Phone Number	
Street Address		
City	State	Zip
E-mail		

DISCLAIMER AND SIGNATURE

By signing below or by submitting electronically, I certify that my answers are true and complete to the best of my knowledge. In addition, I authorize MindSights, PC, to contact any or all previous employers, educational institutions, and references to obtain and verify the accuracy of information contained in this application. I also hereby release from liability MindSights, PC, and its representatives for seeking, gathering, and using such information to make employment decisions, and all persons or organizations for providing such information.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature:

Date: