|  |  |
| --- | --- |
| PREMIER SPORT PSYCHOLOGY, PLLC  Executive Assistant / Project Coordinator Employment Application | C:\Users\Kayla\PREMIER SPORT PSYCHOLOGY\Dropbox\JSA Advising Documents\JSA Advising\Sport Psych\Premier Sport Psychology\Logos\premier_sport_logo_transparent.png |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant Information | | | | | | | | | | | | | | |
| Last Name | |  | | | First | |  | | M.I. | | Date | |  | |
| Street Address | |  | | | | | | Apartment/Unit # | | | |  | | |
| City |  | | | State | |  | | ZIP | |  | | | | |
| Phone |  | | | E-mail Address | |  | | | | | | | | |
| Are you a citizen of the United States? | | | YES | NO | If no, are you authorized to work in the U.S.? | | | | | | | YES | | NO |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Previous Employment | | | | | | | | | | | | | |
| Company: | | |  | | | | | | Phone: |  | | | |
| Address: | |  | | | | | | | Supervisor: | |  | | |
| Job Title: | |  | | | | | Starting Salary | | $ | | | Ending Salary | $ |
| Responsibilities: | | | |  | | | | | | | | | |
| From: |  | | | To: |  | Reason for Leaving: | |  | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | YES | NO |  | | | |
|  | | | | | | | |  |  |  | | | |
| Company: | | |  | | | | | | Phone: |  | | | |
| Address: | |  | | | | | | | Supervisor: | |  | | |
| Job Title: | |  | | | | | Starting Salary | | $ | | | Ending Salary | $ |
| Responsibilities: | | | |  | | | | | | | | | |
| From: |  | | | To: |  | Reason for Leaving: | |  | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | YES | NO |  | | | |
|  | | | | | | | |  |  |  | | | |
| Company: | |  | | | | | | | Phone: |  | | | |
| Address: | |  | | | | | | | Supervisor: | |  | | |
| Job Title: | |  | | | | | Starting Salary | | $ | | | Ending Salary | $ |
| Responsibilities: | | | |  | | | | | | | | | |
| From: |  | | | To: |  | Reason for Leaving: | |  | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | YES | NO |  | | | |
|  | | | | | | | |  |  |  | | | |
| Have you ever been involuntarily terminated or asked to resign from a job? | | | | | | | | YES | NO |  | | | |
| If Yes, please explain: | | | | | | | |  |  |  | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Education | | | | | | | | |
| High School | |  | | | Location |  | | |
| From |  | To |  | Did you graduate? | YES | NO | Area of Study |  |
| College |  | | | | Location |  | | |
| From |  | To |  | Did you graduate? | YES | NO | Area of Study |  |
| Other |  | | | | Location |  | | |
| From |  | To |  | Did you graduate? | YES | NO | Area of Study |  |

|  |  |  |
| --- | --- | --- |
| skills & qualifications | | |
| Other qualifications such as special skills, abilities, or honors that should be considered: | | |
| Types of computers, software, and other equipment you are qualified to operate or have experience using: | | |
| What (if any) professional licenses, certifications, or registrations do you have?: | | |
| Additional skills, including supervision skills, other languages or information regarding the position you wish to bring to PSP’s attention: | | |
| Do you have any managerial experience? | YES | NO  If Yes, please indicate number of years of managerial experience \_\_\_\_ |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Disclaimer and Signature | | | | | |
| As part of our procedure for processing your employment application, your employment references may be checked. If you have misrepresented or omitted any facts on this application and are subsequently hired, you may be discharged from your job. You may make a written request for information derived from the checking of your references. If necessary for employment, you may be required to: supply your birth certificate or other proof of authorization to work in the United States, have a physical examination and/or a drug test, background check, and/or to sign a conflict-of-interest agreement and abide by its terms. Your signature below indicates that you understand and agree to the information shown above and attest that, to the best of your abilities, it is accurate. | | | | | |
| Signature |  | | Date |  |  |
| Printed Name | |  | | | |
| Equal Employment Opportunity: While many employers are required by federal law to have an Affirmative Action Program, all employers are required to provide equal employment opportunity and may ask your national origin, race and sex for planning and reporting purposes only. This information is optional and failure to provide it will have no effect on your application for employment. | | | | | |

Please be sure to complete all requirements of the application process before submitting your application.



# VOLUNTARY Self-Identification Form

## Please read all instructions carefully before completing this form.

Premier Sport Psychology (PSP) is an equal opportunity employer. We do not tolerate discrimination of anyone because of race, color, creed, religion, national origin, gender, marital status, family status, disability, public assistance status, age, sexual orientation, and any other protected class under the Minnesota Human Rights Act.

We take affirmative action measures to guard against discrimination across all aspects of employment process including recruitment and hiring. In Premier Sport Psychology’s ongoing efforts to exceed the standards of federal and state law and build a more diverse workforce, we are inviting you to complete this voluntary form.

Completion of this form is voluntary and will not affect your opportunity for employment, or the terms or conditions of your employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by the Human Resources department. When reported, data will not identify any specific individual.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employee Name (Last, First, & Middle) | | Position | | Date |
|  | |  | |  |
| ☐ Male | ☐ Female | | ☐ I choose not to self-identify | |
| ☐ White (Not Hispanic or Latino) | | | ☐ Black or African American (Not Hispanic or Latino) | |
| ☐ Hispanic or Latino | | | ☐ Asian (Not Hispanic or Latino) | |
| ☐ American Indian/Alaska Native (Not Hispanic or Latino) | | | ☐ Native Hawaiian Or Pacific Islander (Not Hispanic Or Latino) | |
| ☐ Two Or More Races (Not Hispanic Or Latino) | | | ☐ I Choose Not To Self-Identify | |

**VETERAN STATUS (select one option)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **☐ not a veteran** | **☐ disabled veteran** | | **☐ active duty wartime** | **☐ recently separated veteran** |
| **☐ armed forces service medal veteran** | | **☐ other eligible veteran** | | **☐ choose not to self-identify** |

**Indicate source of referral to this position:**

☐ Indeed

☐ LinkedIn

☐ Other Online Job Board\*

☐ Professional Recruiter\*

☐ Recruiting/Networking Event \*

☐ Employee Referral \*

☐ Other

\*Enter Name of Publication, Company, or “Other” here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Voluntary Self-Identification of Disability**  Form CC-305  OMB Control Number 1250-0005  Expires 1/31/2020  Page 1 of 2   |  | | --- | | **Why are you being asked to complete this form?** |     Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.i  To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.    If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.     |  | | --- | | **How do I know if I have a disability?** |     You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.    Disabilities include, but are not limited to:   * Blindness * Deafness * Cancer * Diabetes * Epilepsy * Autism * Cerebral palsy * HIV/AIDS * Schizophrenia * Muscular dystrophy * Bipolar disorder * Major depression * Multiple sclerosis (MS) * Missing limbs or partially missing limbs * Post-traumatic stress disorder (PTSD) * Obsessive compulsive disorder * Impairments requiring the use of a wheelchair * Intellectual disability (previously called mental retardation)     Please check one of the boxes below:    ☐ YES, I HAVE A DISABILITY (or previously had a disability)  ☐ NO, I DON’T HAVE A DISABILITY  ☐ I DON’T WISH TO ANSWER    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Your Name Today’s Date |

|  |  |
| --- | --- |
| **Voluntary Self-Identification of Disability**  Form CC-305  OMB Control Number 1250-0005  Expires 1/31/2020  Page 2 of 2   |  | | --- | | **Reasonable Accommodation Notice** |     Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.      i  Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor’s Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).    PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete. |