

Reviewed by HR (date)_____

Forwarded (date)_____

Application for Employment

_____	MI
_____	Last Name
_____	First Name

Please return Application To:
Tami Ireland
c/o Lincoln Prairie Behavioral Health Center
5230 S. Sixth St. Springfield, IL 62703

LINCOLN PRAIRIE BEHAVIORAL HEALTH CENTER

Application for Employment

Personal Data								
First Name	Last Name			M.I.	Date of Application			
Street Address:					Home #:			
City, State, Zip Code					Cell #:			
Email Address:					Other #:			
Have you ever used a different name for school or employment? Yes No If so, what name? _____					Social Security No.			
Position(s) applied for: 1. _____ 2. _____ 3. _____					Are you 18 years of age or older? Yes No			
<p>Have you or a relative ever been employed by Lincoln Prairie Behavioral Health Center or any of its affiliates? Yes No</p> <p>Do you currently have any relatives, Fiancés, Fiancées, ex spouse or similar currently employed with us? Yes No</p> <p>If yes, location _____ From _____ to _____</p>								
Work Hours/Shift Preferred Check all that apply	Full-Time	Part-Time	PRN	Temp.	Days	Evenings	Nights	Weekends
Overtime may be required from time to time. Will you be able to complete overtime work if required? Yes No								
All personnel are employed with the understanding that they have a means of transportation to get to work on time each day and when called in on short notice and will work the schedule assigned to meet the needs of the facility.								
Upon employment, are you able to submit verification of your legal right to work in the United States? Yes No								
Upon employment, you will be required to show proof of citizenship or alien registration receipt.								
Have you ever been convicted of or plead nolo contendere/no contest to any criminal offense other than a minor traffic violation (i.e. speeding, parking, seatbelt violation.)								
Yes No If yes, please explain:								
* A conviction is not an automatic bar to employment. The nature of the conviction and its relationship to the position applied for, the degree of rehabilitation that has occurred and the time elapsed since the crime or release from confinement will all be considered. Applicants are not obligated to disclose sealed or expunged records of conviction or arrest.								

Education						
	Name of School	Address	Course of Study (Major)	Did you graduate?	Dates Attended	Degree or Diploma
High School				Yes No		
College				Yes No		
Graduate				Yes No		
Business/ Trade/ Technical				Yes No		

*All statements made by applicants for employment may be checked for accuracy.

LINCOLN PRAIRIE BEHAVIORAL HEALTH CENTER

Employment History*

(Please complete the following beginning with your most recent position and going back for 10 years including any military service – please account for any breaks in employment on page 3)

Company Name	Dates Employed (Mo/Yr) From To
Address	Telephone ()
City, State, Zip	Hourly/Annual Pay Beginning Ending
Title/Position	Supervisor's Name and Title
Briefly describe your duties:	Person(s) we may contact for reference
Reason for leaving:	

Company Name	Dates Employed (Mo/Yr) From To
Address	Telephone ()
City, State, Zip	Hourly/Annual Pay Beginning Ending
Title/Position	Supervisor's Name and Title
Briefly describe your duties:	Person(s) we may contact for reference
Reason for leaving:	

Company Name	Dates Employed (Mo/Yr) From To
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City, State, Zip	Hourly/Annual Pay Beginning Ending
Title/Position	Supervisor's Name and Title
Briefly describe your duties:	Person(s) we may contact for reference
Reason for leaving:	

* A resume may be attached; however, all information requested on the application and not contained in the resume must be completed in order to be considered for any position with the company. Omissions will automatically invalidate the application and terminate the employment process.

LINCOLN PRAIRIE BEHAVIORAL HEALTH CENTER

Comments regarding breaks in employment:

Have you ever been discharged or asked to resign from a job? Yes No
 If yes, please explain:

Skills/Training

Special skills you possess or specific training received that are applicable to the positions being applied for:

Professional Registration/Licensure or Certification

Type	State	ID No.	Expiration Date

Other states where formerly or currently registered?

Is your professional license or registration currently suspended or revoked in any state? Yes No
 If yes, explain:

Have you ever had a professional license or registration revoked in any state? Yes No
 If yes, explain:

Certification

By signing this application, and as an applicant for employment, I understand and certify the following:

- The information given by me in this application is complete and true in all respects. Any omission, misrepresentation or falsification will preclude my application from further consideration. If employed, the subsequent disclosure of any omission, misrepresentation or falsification of information will result in the termination of my employment.
 - Nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Lincoln Prairie Behavioral Health Center and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me and I understand that no such promises or guarantees are binding upon Lincoln Prairie Behavioral Health Center unless made in writing.
 - **If I am offered employment by Lincoln Prairie Behavioral Health Center, my employment will be for no definite term and that either I or Lincoln Prairie Behavioral Health Center will have the right to terminate the employment relationship at any time, without cause and with or without notice. I also understand that this status can only be altered by a written contract that is specific as to all material terms and is signed by me and the CEO of Lincoln Prairie Behavioral Health Center.**
- Lincoln Prairie Behavioral Health Systems will make all necessary and appropriate investigations to verify the information contained herein. I authorize and consent to my current and former employers, educational institutions and/or persons or organizations named in this application to release information to Lincoln Prairie Behavioral Health Center that may be required to make an employment decision.
 - If I am offered employment, an investigative consumer report will be completed for employment purposes as appropriate to the position and upon my written authorization. I will have the right to make a written request for a complete and accurate disclosure.
 - If I am offered employment, my employment is conditioned on the provision of satisfactory proof of my identity and legal authority to work in the United States and the satisfactory completion of a pre-employment drug screening for substance abuse.
 - Any employee handbook or other personnel policies maintained by Lincoln Prairie Behavioral Health Center do not constitute an employment contract, but are merely gratuitous statements of Lincoln Prairie Behavioral Health Systems' current policies.

 Applicant Signature

 Date

LINCOLN PRAIRIE BEHAVIORAL HEALTH CENTER

IMPORTANT NOTICE

All employees must authorize and pass a drug screen and a criminal background check.

Please help us keep track of referrals, advertising, etc. by indicating below how you heard of Lincoln Prairie Behavioral Health Center:

Referred by _____

Relative works here

Newspaper _____

Internet _____

Job Fair

Walk-in

Other _____

Thanks for your assistance!

This application will remain active for a period of 90 days.

**Lincoln Prairie Behavioral Health Center
Self-Identification Form**

COMPLETION OF INFORMATION BELOW IS VOLUNTARY

Last Name	First Name	M.I.	SS#
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We comply with all applicable laws governing employment practices and do not discriminate on the basis of race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/national guard or any other similarly protected status.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations, we invite you to complete this form. These legal obligations require that we report annually on the composition of our workforce on Form EEO-1.

Providing this information is voluntary and refusal to provide it will not subject you to adverse treatment. Further, if provided, the information will be kept confidential and used only in accordance with government recordkeeping provisions. It will not be used for employment purposes, and it will be filed separately from your file.

Sex	Race Ethnic
<input type="checkbox"/> Male	<input type="checkbox"/> Hispanic or Latino
	<input type="checkbox"/> If not Hispanic or Latino, then
<input type="checkbox"/> Female	<input type="checkbox"/> White
	<input type="checkbox"/> Black or African American
	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> Asian
	<input type="checkbox"/> American Indian or Alaska Native
	<input type="checkbox"/> Two or more races

Black or African American (Not Hispanic or Latino) – A person having origins in any of the black racial groups in Africa.

Asians (Not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Island, Thailand, and Vietnam.

Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

American Indians or Alaskan Natives – All persons having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community recognition.

Two or More Races (Not Hispanic or Latino) – All persons who identify with more than one of the above five races.

Veteran Status

Veteran of the Vietnam era means a person who served on active duty for a period of more than 180 days, any part of which occurred in the Republic of Vietnam between February 28, 1961 and May 7, 1975 and who

- (1) was discharged or released with other than dishonorable discharge, or
- (2) was discharged or released from active duty for a service-connected disability.

Other Protected Veteran means a person who served in a war or a campaign or expedition for which a campaign badge, a service medal, or an expeditionary medal has been awarded. This includes a number of military engagements that are listed on the attachment to this form.

Special Disabled Veteran means a person who:

- (1) Is a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans' Affairs for disability (A) rated at 30 percent or more, or (B) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 38 U.S.C. 3106 to have a serious employment handicap, or
- (2) Is a person who was discharged or released from active duty because of a service-connected disability.

Lincoln Prairie Behavioral Health Center
is an Equal Opportunity Employer

Dated: _____ Signature: _____

**CONSUMER REPORT DISCLOSURE & RELEASE
(EMPLOYMENT)**

DISCLOSURE

In connection with your employment or application for employment (including contract for services), consumer reports may be requested from USIS Commercial Services ("USIS"). These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, academic history, professional credentials, and drugs/alcohol use. Such reports may contain public record information concerning your driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from USIS concerning previous driving record requests made by others from such state agencies and state provided driving records.

You have the right to make a request to USIS, upon proper identification, to request the nature and substance of all information in its files on you at the time of your request, including the sources of information and the recipients of any reports on you that USIS has previously furnished within the two-year period preceding your request. USIS may be contacted by mail at P. O. Box 33181, Tulsa, Oklahoma, 74153, or by phone at (800) 381-0645.

RELEASE

I AUTHORIZE, WITHOUT RESERVATION, USIS, AND ANY PARTY OR AGENCY CONTACTED BY USIS, TO FURNISH THE ABOVE-MENTIONED INFORMATION.

USIS is authorized to disclose all information obtained to the requesting entity for the purpose of making a determination as to my eligibility for employment, promotion or any other lawful purpose. I agree that such information which USIS has or obtains, and my employment history if I am hired, may be supplied by USIS to other companies that subscribe to USIS. If hired or contracted, this authorization shall remain on file and shall serve as ongoing authorization for the procurement of consumer reports at any time during my employment or contract period.

By signing below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired, my employment, or my eligibility for promotion.

Print Applicant Name

Applicant Signature

Social Security Number

Date

Other Names Used (alias, maiden, nickname) _____ **YEARS USED** _____

Current Address: _____
Street /P. O. Box City State Zip Code County Dates

Former Address: _____
Street /P. O. Box City State Zip Code County Dates

Former Address: _____
Street /P. O. Box City State Zip Code County Dates

Social Security Number: _____ Daytime Telephone Number: _____

Driver's License Number: _____ State of Issuance: _____ Date of Birth*: _____

Gender* _____

* This information will enable us to properly identify you in the event we find adverse information during the course of our background search.

