



LINCOLN PRAIRIE

BEHAVIORAL HEALTH CENTER

EMPLOYMENT APPLICATION

POSITION APPLIED FOR:

LPBHC does not discriminate against any person on the basis of race, color, religion, sex, gender, marital status, disability, national origin, age, veteran or any other status or category protected by law in admission, treatment, or participation in its programs, services & activities. Equal access to programs, services & employment, is available to all persons. Those applicants requiring assistance with the application and/or interview process should contact the Human Resources Department.

PERSONAL INFORMATION

LAST NAME		FIRST NAME		MIDDLE NAME	
STREET ADDRESS		CITY		STATE	ZIP
#1 TELEPHONE (Check one) <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Business ()		#2 TELEPHONE (Check one) <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Business ()		BEST TIME TO REACH YOU	
EMAIL ADDRESS:		SOCIAL SECURITY NUMBER: / /		DATE OF APPLICATION:	
If hired, can you provide proof of your identity and employment eligibility in the United States prior to beginning work? <input type="checkbox"/> YES <input type="checkbox"/> NO		A record of criminal conviction will not necessarily be a bar to employment, since the facility will consider factors such as the nature and seriousness of the violation, evidence of rehabilitation, and the position applied for in making any employment decision. Have you ever been convicted of or plead guilty to a crime other than minor traffic violations? <input type="checkbox"/> YES* <input type="checkbox"/> NO * If YES, please explain:			

How were you referred to the facility?
 Walk-in Advertisement (please specify) _____ School (please specify) _____
 Job Fair Government Agency Facility/Company Website Internet Other (please specify) _____
 Current or Former Employee (please list name) _____

Please list any friends or family members who are current employees:
 Name: _____ Family Friend
 Name: _____ Family Friend
 Name: _____ Family Friend

AVAILABILITY

What type of employment do you prefer? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> PRN <input type="checkbox"/> Temporary	Which shift do you prefer? <input type="checkbox"/> DAYS <input type="checkbox"/> EVENINGS <input type="checkbox"/> NIGHTS <input type="checkbox"/> WEEKENDS ONLY	If hired, when could you start?
What type of employment will you accept? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> PRN <input type="checkbox"/> Temporary	Which shift will you accept? <input type="checkbox"/> DAYS <input type="checkbox"/> EVENINGS <input type="checkbox"/> NIGHTS <input type="checkbox"/> WEEKENDS ONLY	Minimum Salary :
Will you work overtime if required? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, please explain:	Have you entered into an agreement with any other party (such as a noncompetition agreement) that might, in any way, restrict your ability to work for our facility? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, explain:	

EDUCATION

Starting with your most recent school attended, provide the following information:

Name of School	Address and City	Completed	Major
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____	
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____	
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____	

EXPERIENCE

Have you ever worked for this facility as
 An Employee? YES NO From _____ to _____
 A Contractor? YES NO From _____ to _____
 Name of Contractor/Agency: _____

Are you currently or have you ever been an employee
 of another Psychiatric Solutions, Inc. facility?
 YES NO Facility: _____
 Dates of Employment from _____ to _____

List your full employment experience, beginning with the most recent.

Employer				List all Job Duties					
Supervisor/Title			Telephone #						
Address									
Position When Hired		Current or Last Position							
Date of Employment from _____ to _____		Starting Pay	Ending Pay					Type of Pay <input type="checkbox"/> Hourly <input type="checkbox"/> Salaried	
Did you leave voluntarily? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:				<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> PRN	<input type="checkbox"/> Temporary		

Employer				List all Job Duties					
Supervisor /Title			Telephone #						
Address									
Position When Hired		Last Position							
Date of Employment from _____ to _____		Starting Pay	Ending Pay					Type of Pay <input type="checkbox"/> Hourly <input type="checkbox"/> Salaried	
Did you leave voluntarily? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:				<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> PRN	<input type="checkbox"/> Temporary		

Employer				List all Job Duties					
Supervisor /Title			Telephone #						
Address									
Position When Hired		Last Position							
Date of Employment from _____ to _____		Starting Pay	Ending Pay					Type of Pay <input type="checkbox"/> Hourly <input type="checkbox"/> Salaried	
Did you leave voluntarily? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:				<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> PRN	<input type="checkbox"/> Temporary		

List any other experience from internships or volunteering that would assist you in performing the position for which you are applying:

LICENSES AND/OR CERTIFICATIONS (including Driver's License)

Type of License/Certification	Issuing State and/or Agency	Number	Expiration Date

Has your license, registration or certification ever been suspended, revoked or had a disciplinary action taken against it?
 YES NO If yes, explain:

ADDITIONAL SKILLS & EXPERIENCE

*Summarize any additional skills & experience not already listed, which may assist you in performing the position for which you are applying.
Include all knowledge of computers and technology, as well as medical equipment proficiencies.*

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. If I am hired by LPBHC and if the facility discovers at any time during my employment that any of the statements or answers on this application are false, misleading or incomplete, I may be dismissed immediately from my job.

I agree to submit to a medical evaluation which may include testing for illegal drugs or alcohol, prior to beginning work with the facility. I understand that if I am employed by the facility, I may be required, when job related and consistent with the facility's business needs, to undergo a medical examination or testing for illegal drugs and alcohol.

I understand that this application will be considered active for six (6) months from the date listed below. If I wish to be considered for a job with the facility after this period of time, I must complete a new application.

I understand that neither this document nor any offer of employment from LPBHC constitutes an employment contract unless a specific document to that effect is executed and signed by the Chief Executive Officer of LPBHC and the employee in writing. I understand and agree that, if hired; my employment will be for no definite period of time and may be terminated at any time without notice and with or without reason, by either myself or LPBHC.

If hired, I agree to abide by all the facility's rules and regulations.

I authorize investigation of all statements contained in this application and supporting documents, including but not limited to resumes, licenses and certifications, which the facility deems necessary to determine my qualifications for employment. I give LPBHC my permission to contact any former or current employer, school, credit bureau, personal or professional reference or any other appropriate source or individual for the purpose of gathering information. I further give my consent to any such source to release to the facility or its agents whatever information requested. I also unconditionally release all named and unnamed sources from any and all liability which might result from furnishing truthful information about me.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

CONSUMER AUTHORIZATION

I. I understand that an investigative report may be generated on me that may include information as to my character, general reputation, personal characteristics, or mode of living; work habits, performance or experience, along with reasons for termination of past employment/professional license or credentials; financial/credit history; or criminal/civil/driving record history. I understand that General Information Services, Inc. (GIS), on behalf of Lincoln Prairie BHC may be requesting information from public and private sources about any of the information noted earlier in this paragraph in connection with Lincoln Prairie BHC consideration of me for employment, promotion or position re-assignment or contract now, or at any time during my tenure with Lincoln Prairie BHC, and give my full consent for this information to be obtained.

II. IF APPLICABLE, medical and worker's compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws.

III. According to the **Fair Credit Reporting Act** (FCRA, Public Law 91-508, Title VI), I am entitled to know if the considerations for which I am applying are denied because of information obtained from a consumer reporting agency. If so, I will be notified and be given the name of the agency providing that report.

IV. I acknowledge that a telephonic facsimile (FAX) or photographic copy of this release shall be as valid as the original. This release is valid for most federal, state and county agencies.

V. I understand that if I am a resident of **Minnesota/Oklahoma (only)** I may obtain a copy of the report ordered, and now indicate my desire to do so by checking this box .

VI. I hereby authorize, without reservation, any financial institution, law enforcement agency, information service bureau, school, employer or insurance company contacted by GIS to furnish the information described in Section I.

VII. Upon proper identification, you have the right to make a request to GIS, within a reasonable period of time, as to 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 GIS has previously furnished. Communications with GIS should be directed to PO Box 353, Chapin SC 29036 or (866) 265-4917.

CANDIDATE COMPLETE THE FOLLOWING:

Signature

Today's Date

Please print full name (First, Middle, Last)

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

Month, Day and Year of Birth

Social Security Number

Home Address

City

State

Zip

Driver's License Number and State

Name as it appears on License

Please provide all alternate name(s) used (i.e. maiden name or previous married names)

Have you ever been convicted of a crime? No Yes If yes, please provide city, county, state, date of charge and details of conviction.

Are currently under any investigation or pending a charge? No Yes If yes, please provide city, county, state, date of charge and details of charge.

Have you ever been sanctioned or had your licenses suspended or revoked by any regulatory agency? No Yes If yes, please provide agency name, city, state, details of sanction or suspension/revocation.

Previous Addresses for the Last 7 Years (use additional page if needed)

Street Address

City

State

Zip

Street Address

City

State

Zip

Street Address _____ City _____ State _____ Zip _____

Professional Licensure/Certification

Professional License Held _____ License Number and State Issued _____

Professional License Held _____ License Number and State Issued _____

Education (Please provide level completed)

High School _____ City, State _____

Dates Attended _____ Graduated? Yes No _____ Degree Earned – GED or Diploma _____ Name while attending _____

Institute/College/University Name _____ City, State _____

Dates Attended _____ Graduated? Yes No _____ Degree Earned _____ Name while attending _____

Employment to cover up to 7 years (attach additional page if needed) - If employed through an Agency, please provide the Agency name instead of the company name or hospital.

May we contact your current employer? Yes No

1. Employer Name _____ City, State _____ Phone Number _____ Supervisor _____

Dates: To / From _____ Job Title _____ Reason for Leaving _____

2. Employer Name _____ City, State _____ Phone Number _____ Supervisor _____

Dates: To / From _____ Job Title _____ Reason for Leaving _____

3. Employer Name _____ City, State _____ Phone Number _____ Supervisor _____

Dates: To / From _____ Job Title _____ Reason for Leaving _____

FAIR CREDIT REPORTING ACT NOTICE:
In accordance with the Fair Credit Reporting Act (FCRA, Public Law 91-508, Title VI), this information may only be used to verify a statement(s) made by an individual in connection with legitimate business needs. The depth of information available varies from state to state. Status of updates are available on request. Although every effort has been made to assure accuracy, General Information Services, Inc. cannot act as guarantor of information accuracy or completeness. Final verification of an individual's identity and proper use of report contents are the user's responsibility. General Information Services, Inc.'s policy requires purchasers of these reports to have signed a Service Agreement. This assures General Information Services, Inc. that users are familiar with and will abide by their obligations, as stated in the FCRA, to the individuals named in these reports. If information contained in this report is responsible for the suspension or termination of an employee or the application process, have the Candidate/employee contact General Information Services, Inc.

NOTICE TO CALIFORNIA CANDIDATES

You have a right to obtain a copy of any consumer report or investigative consumer report obtained by _____ by checking the box provided below. The report will be provided to you within three (3) business days after we receive the requested reports related to the matter investigated.

I request to receive a free copy of this report by checking this box.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by GIS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at GIS in person or by mail. You may also receive a summary of the file by telephone. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.