

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

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:	

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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.

Equal Opportunity Disclosure Statement

All Employees Read

Psychiatric Solutions, Inc. is an equal opportunity employer and as such supports both the spirit and letter of equal employment law. Part of our program includes the collection of statistical employment data required for government reporting. To help us comply with record keeping mandates, we would ask you to read and check the following appropriate blanks. Please note this is voluntary on your part and you are not required to complete this form. If you choose not to provide the data, your decision will in no way affect your employment status.

This information will be kept confidentially, apart from your application and hiring representatives, and only used in accordance with applicable state and federal laws.

Please Print:

Name: _____ Date: _____
Last First MI

Address: _____
Street and Number City State Zip

Social Security No: _____ Date of Birth: _____ Male Female

Position Held: _____

Race/Ethnic Data (check only one):

1. White (Not of Hispanic origin) All persons with origins in any of the peoples of Europe, the Middle East, North Africa
2. Black (Not of Hispanic origin) All persons with origins in any of the Black/racial groups.
3. Hispanic All persons of Mexican, Puerto Rican, Cuban, Central or South American, or Spanish culture, regardless of race.
4. Asian or Pacific Islander All persons with origins in any of the original peoples of the Far East, Southeast Asia, or the Pacific Islands. For example, includes China, Japan, Korea, the Phillipine Islands, Tonga and Samoa. Also, persons from the Indian subcontinent including peoples with origins from Bangladesh, Bhutan, Nepal, Pakistan, Sukkim and Sri Lanka.
5. American Indian or Alaskan Native All person with origins in any of the original peoples of North America, who maintain cultural identification through tribal affiliation or community recognition.

Yes No Do you wish to identify yourself as a person with a disability, a disabled veteran, or a Vietnam era veteran?

- A Qualified Individual with a Disability** is one who (1) has a physical or mental impairment which substantially limits one or more major life activities or (2) has a record of such impairment or (3) is regarded as having such an impairment and (4) is capable (qualified) of performing a particular job with reasonable accommodation for the disability.
- A Qualified Disabled Veteran** is a person (1) entitled to disability compensation under laws administered by the Veterans Administration for disability rated at 30% or more (2) whose discharge or release from active duty was for disability incurred or aggravated in the line of duty and (3) is capable (qualified) of performing a particular job with reasonable accommodation for the disability.
- A Vietnam Era Veteran** is a person who (1) actively served for more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975 and was released with other than a dishonorable discharge or (2) was released from such active duty for a service connected disability

08/31/06

