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| alternative outlook BEHAVIORAL HEALTH  Employment Application |  |

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| Applicant Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name | |  | | | | First | |  | | | | | | | | M.I. | | | | |  | | | | Maiden | | | | |  | | | | | | | | | Date | |  | | | |
| Street Address | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | Apartment/Unit # | | | | | | | | | |  | | | |
| City |  | | | | | | | | | | | State | |  | | | | | | | | ZIP | | | |  | | | | | | County | | | | | | | | |  | | | |
| Phone |  | | | | | | | | | E-mail Address | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cell |  | | | | | | | | | Emergency Contact | | | | | | |  | | | | | | | | | | | | | | | | | # | |  | | | | | | | | |
| Date Available | | | |  | | | | | Social Security No. | | | | |  | | | | | | | | | | | | | | | | | | | Desired Salary | | |  | | | | | | | | |
| Position Applied for | | | | |  | | | | | | | | | | | | | | | What shifts can you work? | | | | | | | | | | | | | | | |  | | | | | | | | |
| Will you accept part time employment? | | | | | | | | YES | | | NO | | | Will you accept temporary employment? | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | | NO | |
| Are you a citizen of the United States? | | | | | | | | YES | | | NO | | | If no, are you authorized to work in the U.S.? | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | | NO | |
| Have you ever worked for this company? | | | | | | | | YES | | | NO | | | If so, when? | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Do you have friends who work for Alternative Outlook Behavioral Healht? | | | | | | | | YES | | | NO | | | If so, who? | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Have you ever been convicted of a Misdemeanor or Felony? | | | | | | | | YES | | | NO | | | If yes, explain | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Do you possess a Driver License? | | | | | | | | YES | | | NO | | | State of Issue | | | | | | | | |  | | | | | Do you have reliable transportation? | | | | | | | | | | YES | | | | | | NO |
| Have you ever been terminated or asked to resign? | | | | | | | | YES | | | NO | | | If yes, explain | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Have you been substantiated for Child or Adult Abuse, Neglect or Exploitation? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | | NO |
| \*\*\*Have you lived outside the state of Kentucky or worked outside the state of Kentucky in the last 12 Months?\*\*\* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | | NO |
| Education | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Schools | | | Name and Address of School | | | | | | | | | | Years | | | | | | | | | | | Diploma | | | | | Degree | | | | Did you Graduate | | | | | | Total Hours | | | Major | | |
| From | | | | | | To | | | | |
| Grade School | | |  | | | | | | | | | |  | | | | | |  | | | | |  | | | | |  | | | |  | | | | | |  | | |  | | |
| High School/ GED | | |  | | | | | | | | | |  | | | | | |  | | | | |  | | | | |  | | | |  | | | | | |  | | |  | | |
| Vocational School | | |  | | | | | | | | | |  | | | | | |  | | | | |  | | | | |  | | | |  | | | | | |  | | |  | | |
| College/ University | | |  | | | | | | | | | |  | | | | | |  | | | | |  | | | | |  | | | |  | | | | | |  | | |  | | |
| Military/ Grad. School | | |  | | | | | | | | | |  | | | | | |  | | | | |  | | | | |  | | | |  | | | | | |  | | |  | | |
| Circle highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18+ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| List Subjects taken which would be related to the position you are applying for | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Licensure or Certification | | | | | | |  | | | | | | | | | | | Year of First Issue | | | | | | | | |  | | | | | | | | Year of Last Issue | | | | |  | | | | |
| List Special Skills you Possess and machines/equipment you can use | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| References | | | | |
| Please list three professional references. | | | | |
| Full Name |  | Relationship | |  |
| Company |  | Phone |  | |
| Address |  | Years Known |  | |
|  | |  | |  |
| Full Name |  | Relationship | |  |
| Company |  | Phone |  | |
| Address |  | Years Known |  | |
|  | |  |  | |
| Full Name |  | Relationship | |  |
| Company |  | Phone |  | |
| Address |  | Years Known |  | |
|  | |  |  | |
| Full Name |  | Relationship | |  |
| Company |  | Phone |  | |
| Address |  | Years Known |  | |
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| 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 |  | | | | | |
| Disclaimer and Signature | | | | | | | | | | | | | | | |
| I certify that my answers are true and complete to the best of my knowledge. Falsification or failure to answer all questions is sufficient grounds for rejection of this application. I further understand Alternative Outlook Behavioral Health employs at will, which means that either the employee or the employer may terminate with or without cause not prohibited by law. I understand that the Director and Owners of Alternative Outlook Behavioral Health are the only officers who are authorized to enter into employment contracts and may do so only in writing. I authorize Alternative Outlook Behavioral Health to do a thorough investigation of my past employment, education, and activities, which includes fingerprinting and drug testing for the purposes of obtaining information regarding past criminal convictions and I release from all liability all persons, companies, and corporations supplying this information. I release and indemnify Alternative Outlook Behavioral Health against any liability that might result from making such an investigation. I realize that nothing in this application is intended to constitute a contract, in whole or in part. | | | | | | | | | | | | | | | |
| Signature | | |  | | | | | | | | | | Date |  | |

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| **QUESTIONS** | | | | | |
| 1. Tell me something interesting about yourself: | | | | | |
| 1. If Lucy takes Hadol 5mg three times per day, hoy many pills would she have to have to last 4 weeks? | | | | |  |
| 1. You are required to reorder Jane’s Medication when she gets down to a 5 day suppl. If she takes Prozac 10mg twice per day, how many pills will she have left when you reorder her medication? | | | | |  |
| 1. If John and Kenny get into an argument, tell me something you might do to try to calm them down: | | | | | |
| 1. If Kyle takes an anti-biotic three times per day, how many hours should be between each dose of medication? | | | | |  |
| 1. Read the prescription and answer the following questions. | | | | | |
|  | 1. What date should the client begin taking this medication? | | | |  |
| 1. What is the name of the medication? | | | |  |
| 1. What is the dosage of the medication? | | | |  |
| 1. How many times per day should the client take this medication? | | | |  |
| 1. How many refills does this medication have? | | | |  |
| 1. What date will this medication end? | | | |  |
| 1. How many pills did the doctor prescribe on this prescription? | | | |  |
|  | | | | | |
| Employee Candidate Signature | |  | Date |  | |
| Employer Signature | |  | Date |  | |

PRE-HIRE ASSESSMENT