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| alternative outlook BEHAVIORAL HEALTHEmployment 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