



EMPLOYMENT APPLICATION

POSITION APPLIED FOR:

2700 Vissing Park Road, Jeffersonville, IN 47130 (812) 284-8000

Facility name 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? Minimum Salary :
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	
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"/> PRN	<input type="checkbox"/> Part-time <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"/> PRN	<input type="checkbox"/> Part-time <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"/> PRN	<input type="checkbox"/> Part-time <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 *Wellstone* 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 *Wellstone* constitutes an employment contract unless a specific document to that effect is executed and signed by the Chief Executive Officer of *Wellstone* 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 *Wellstone*.

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 *Wellstone* 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:** _____