Employment Application

Applicant Information

Full Name: ____ Date: ____________
Last *First* *M.I.*

Address: ____
Street Address *Apartment/Unit #*

____
City *State* *ZIP Code*

Phone: ____________________ Email ____________________

Date Available: __________ Social Security No.: __________ Desired Salary: **$** __________

Position Applied for: ____

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 yes, when? ____________________

Have you ever been convicted of a felony? YES ☐ NO ☐

If yes, explain: ____

Education

High School: ____________________ Address: ____________________

From: __________ To: __________ Did you graduate? YES ☐ NO ☐ Diploma: ____________________

College: ____________________ Address: ____________________

From: __________ To: __________ Did you graduate? YES ☐ NO ☐ Degree: ____________________

Other: ____________________ Address:

From: __________ To: __________ Did you graduate? YES ☐ NO ☐ Degree: ____________________

References

Please list three professional references.

Full Name: ______ Relationship: ______
Company: ______ Phone: ______
Address: ______

Full Name: ______ Relationship: ______
Company: ______ Phone: ______
Address: ______

Full Name: ______ Relationship: ______
Company: ______ Phone: ______
Address: ______

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 ☐

Military Service

Branch: ______________________________________ From: __________ To: __________

Rank at Discharge: ____________________ Type of Discharge: ______________________

If other than honorable, explain: ____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: ______________________________________ Date: ________________

Application for Employment

We are an equal opportunity employer and committed to excellence through diversity.

Please type or print. This application must be completely completed to be considered for a position. Please complete each section and attach a resume.

PERSONAL INFORMATION

Name:	
Address:	
DOB:	SS#:
Phone Number:	
Email address:	
Are you legally eligible to work in the US?	
Are you a veteran?	
If selected for employment, are you willing to submit a background check?	

POSITION

Position you are applying?	
Desired Pay?	Employment Desired? Full - Part Time

EDUCATION

SCHOOL	LOCATION	YEARS ATTENDED	DEGREE EARNED	MAJOR

REFERENCES: BUSINESS AND PROFESSIONAL ONLY

NAME	TITLE	COMPANY	PHONE	YEARS KNOWN

EMPLOYMENT HISTORY

Employer:	Job Title:	Dates Employed:
Work phone:	Starting Pay:	Ending pay:
Address:	City	State/Zip
Supervisor's Name:	Supervisor's Title:	Supervisor's phone#:

Employer:	Job Title:	Dates Employed:
Work phone:	Starting Pay:	Ending pay:
Address:	City	State/Zip
Supervisor's Name:	Supervisor's Title:	Supervisor's phone#:

Employer:	Job Title:	Dates Employed:
Work phone:	Starting Pay:	Ending pay:
Address:	City	State/Zip
Supervisor's Name:	Supervisor's Title:	Supervisor's phone#:

Have you ever been convicted of a felony? Yes No

If yes, please explain:____

____

____

Are there any issues with your current professional license? Yes No

If yes, please explain: _______________________________________

____

____

Has there ever been any issues with your licensure? Yes No
If yes, please explain: ____

____

____

SIGNATURE DISCLAIMER

*I certify that all of my information contained on this application are true and complete to the best of my knowledge. If this application leads to employment, I understand that any false or misleading information in my application or interview, it will lead to my employment being terminated.

Name: (Print)	Date:

Signature:

License Number:	NPI:	Medicaid Provider Number:

FOR OFFICE USE ONLY

INTERVIEW DATE: ____________**INTERVIEWED BY:** ____________________
REFERENCE CHECKED BY: ______________________________________
LICENSE CHECKED BY: ____
HIRE DATE: ____________________
TERMINATION OF EMPLOYMENT DATE: _______________

Delta Behavioral Health

Clinical Privileging Questionnaire

1. Are there any past or currently pending legal actions against you, or have any malpractice suits, arbitrations, or other proceedings been instituted, settled, or dismissed against you?

   Yes _________ No _________

2. Do you have any physical or mental conditions, treated or untreated, which even with accommodations impairs your ability to practice to the fullest extent of your licensure and qualifications or in any way poses a risk of harm to your patients?

   Yes _________ No _________

3. Does your use of alcohol or chemical substances (prescription or non) in any way impair or limit your ability to practice your profession with reasonable skill or safety?

   Yes _________ No _________

4. Are you currently engaged in illegal use or abuse of controlled substances?

   Yes _________ No _________

5. Have you ever had a clinical license/certification encumbered, reprimanded, suspended, revoked, reduced, denied, voluntary or involuntarily, surrendered?

   Yes _________ No _________

6. Have you ever been disciplined by a clinical licensing/certification body or professional conduct board?

   Yes _________ No _________

7. Have your hospital privileges ever been suspended, revoked, denied, voluntarily or involuntarily, surrendered?

   Yes _________ No _________

8. Has your malpractice insurance ever been cancelled?

   Yes _________ No _________

9. Have you ever been charged or convicted of a felony in any state?

   Yes _________ No _________

10. Has your DEA certificate (federal or state) ever been suspended or otherwise limited?

    Yes _________ No _________

11. Have you ever been removed, sanctioned, or suspended for membership in a managed care network or professional association?

Yes ________ No _________

12. Have you ever been reprimanded, censured, excluded suspended, or disqualified by the Medicare or Medicaid program?

Yes ________ No _________

13. To your knowledge, has information pertaining to you been reported to the National Practitioner Data Bank or Healthcare Integrity and Protection Data Bank?

Yes ________ No _________

If you answered yes to any of the above questions, please provide a complete written statement/explanation on a separate sheet.

I attest that the above information is correct and complete.

Signature: ____ Date: ________________

Printed Name: ______________________________________

Delta Behavioral Health, LLC

EMPLOYMENT REFERENCE CONSENT AND RELEASE

APPLICANT NAME: ______________________ SSN: ________________________________

I, ___________________________, HEREBY GIVE CONSENT TO ANY AND ALL PRIOR EMPLOYERS OF MINE, OR MY CURRENT EMPLOYER, TO PROVIDE THE INFORMATION BELOW WITH REGARD TO MY EMPLOYMENT WITH THE PRIOR OR CURRENT EMPLOYERS TO: .

This consent is valid for a period of six (6) months from the date indicated below.

Signature of Applicant: _____________________________ Date: ________________________

Instructions to Current/Former Employer

The individual named above has applied for employment with
respond candidly to the requests for information listed below and return your written responses via either facsimile or U.S. Mail. This Consent and Release is intended to comply with Arkansas Act 1474 of 1999, an Act to provide current and former business employers with protection for providing job information about current or former employees to prospective employers.

PLEASE RETURN THE INFORMATION TO:

Name: Michael Thorpe, CEO

Company: Delta Behavioral Health, LLC

Address: 603 W. Fleeman St. Suite 4, Manila, AR 72442

Phone/Fax: (870)570-0358 phone (870)570-0359

Date and duration of Employment: ____

Current or last rate of pay and wage: ____

Current or last job description and duties: ____

____

The details of the applicant's last written performance evaluation prepared prior to the date the Applicant signed this consent: ____

____

Attendance history: (excluding any qualifying leave under FMLA): ____________________

____

Results of drug and/or alcohol tests administered within the last year: ____________________

____

Details of any threats of violence, harassing acts, or threatening behavior related in any way to the workplace or directed at another employee: ____________________

____

____

Was his/her separation from employment voluntary or involuntary? ____________________

What was the reason for the applicant's separation from employment? ____________________

____

____

Is the applicant eligible for rehire? ____________________

Printed name and Signature of the representative providing the above information:

____________________	____________________	__________
Printed Name	Signature	Date