

APPLICATION FOR EMPLOYMENT

Plains Area Mental Health, Inc.

P.O. Box 70

Le Mars, IA 51031

Position(s) applied for: _____

Office Location: Le Mars Cherokee Ida Grove Storm Lake Carroll Denison Other: _____

Referral Source: Advertisement Employee Employment Agency Newspaper
 Other: _____

Name: _____

Full LEGAL Name (first, middle, last)

Address: _____
Street City State Zip Code

Telephone Number: (____) _____ Social Security Number: _____

Emergency Contact: _____ Phone: _____

May we contact you at work? Yes No If yes, best time to call: _____ Phone: _____

Have you filed an application here before? Yes No If yes, when? _____

Have you ever been employed here before? Yes No If yes, when? _____

Are you legally eligible for employment in this country? Yes No Proof of US citizenship/immigration status required

Date available for work: _____

Type of employment desired: Full-Time Part-Time Temporary Volunteer Other: _____

Salary/Hourly Rate Seeking: _____

Are you on lay-off and subject to recall? Yes No

Will you relocate if job requires it? Yes No Will you travel if job requires it? Yes No

Do you have a valid drivers license? Yes No

Are you able to meet the attendance requirements of the position? Yes No

Will you work overtime if required? Yes No Have you ever been bonded? Yes No

Do you have any mental or physical condition that would affect your ability to perform the position for which you are applying?
 Yes No

Have you ever been denied membership or participation or renewal thereof or been subject to disciplinary action by any professional society or managed care organization, including any HMO, PPO, IPA, PA or other provider network? Yes No

Has your participation with Medicare or Medicaid ever been the subject of any sanction, suspension or termination? Yes No

Do you have any record of founded child or dependant abuse? Yes No Explain: _____

Have you been convicted of a felony in the last seven years? Yes No Explain: _____

Are you using illegal drugs or other substances that may impair your employment? Yes No
Explain: _____

List your last four employers, assignments or volunteer activities, starting with most recent, including military experience.
Explain any gaps in employment

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Employer: _____ From: _____ To: _____

Address: _____

Job Title: _____ Salary: _____

Duties and Responsibilities: _____

Immediate Supervisor and Title: _____ Phone: _____

Reason for Leaving: _____

May we contact for reference: Yes No

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Employer: _____ From: _____ To: _____

Address: _____

Job Title: _____ Salary: _____

Duties and Responsibilities: _____

Immediate Supervisor and Title: _____ Phone: _____

Reason for Leaving: _____

May we contact for reference: Yes No

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Employer: _____ From: _____ To: _____

Address: _____

Job Title: _____ Salary: _____

Duties and Responsibilities: _____

Immediate Supervisor and Title: _____ Phone: _____

Reason for Leaving: _____

May we contact for reference: Yes No

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Employer: _____ From: _____ To: _____

Address: _____

Job Title: _____ Salary: _____

Duties and Responsibilities: _____

Immediate Supervisor and Title: _____ Phone: _____

Reason for Leaving: _____

May we contact for reference: Yes No

Educational Background

List last three schools attended, starting with most recent, address, dates attended, and degree earned



School	Dates Attended (mo/yr)	Degree Earned
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Address	State	Zip Code
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School	Dates Attended (mo/yr)	Degree Earned
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Address	State	Zip Code
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School	Dates Attended (mo/yr)	Degree Earned
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Address	State	Zip Code
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References

List name, address and telephone number of three business/work references who are not related to you. If not applicable, list three school or personal references who are not related to you.

Name	Address	Phone	Relationship
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Name	Address	Phone	Relationship
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Name	Address	Phone	Relationship
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List any accomplishments, publications, awards or other information about you that you would like us to consider.

VERIFICATION OF CREDENTIALS & RELEASE

Legal Name: _____ Position/Office: _____

All other names you may be known by or have used (maiden, prior marriage(s), _____ NONE (circle if none)

Social Security: _____ DOB: _____

Professional Licenses/Certificates/Numbers:

Iowa License Number: _____ Type: _____ Date Issued: _____ Expires: _____

NPI: _____ CAQH: _____

Other:

State/Number: _____ Type: _____ Date Issued: _____ Expires: _____

Has your license(s) ever been restricted by a licensing Board or agency? _____ Yes _____ No

If you answered yes please explain: _____

Have you ever been disciplined by, or is there disciplinary action currently pending against you, with any professional licensing Board or agency? _____ Yes _____ No

If you answered yes, please explain: _____

Certifications:

Specialty: _____ Certifying Board: _____ No: _____ Expires: _____

For Office Use Only

_____ Education/Degree Verified by: _____ Date: _____

_____ Iowa License: Verified by: _____ Date: _____

_____ Medicare/Medicaid Sanction: Verified by: _____ Date: _____
http://oig.hhs.gov/fraud/exclusions.html GSA: http://epls.arnet.gov

_____ NPDB verification: website www.npdb-hipdb.com Verified by: _____ Date: _____

_____ Board Certification Verified by: _____ Date: _____

_____ DEA Number Verified by: _____ Date: _____

_____ Iowa CSA Number 515-281-5944 Verified by: _____ Date: _____
www.state.ia.us/ibpe

_____ Criminal/Adult/Child Abuse Background Check (Sing) Date Completed _____ Date Returned _____

It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I give the employer the right to investigate all references and secure additional verification and information about me, if job related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

I authorize Plains Area Mental Health Center to release or otherwise disclose verbally or in writing information to any and all prospective employers regarding my job performance while employed by Plains Area. I understand that the information to be provided includes but is not necessarily limited to the following: position(s) held, dates of employment, reason(s) for termination and job performance. I hereby release from liability Plains Area, its employees, directors, officers and agents from any liability of any type for releasing said information including any and all claims for damages of whatever type, regardless of whether such claims are in the nature of tort claims, contract claims or otherwise.

Waiver Release: I hereby give my permission to Plains Area Mental Health, Inc. to conduct an Iowa criminal history record check with the Division of Criminal Investigation (DCI). Any criminal history data concerning me that is maintained by the DCI may be released as allowed by law.

Signature of Applicant: _____ Date: _____