



Alliance Healthcare Services

Human Resources
2220 Union Avenue
Memphis, TN 38104
Telephone: 901-567-3554

Date of Application: _____

Last Name (Print): _____ First Name (Print): _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ E-mail Address: _____

Position Applied For: _____

Are you a current employee applying for another or additional in-house position? [] Yes [] No

Other Employment Interest:

Administrative

- [] Clerical [] Accounting
[] Housekeeping/Maintenance

Crisis Continuum

- [] Mental Health Technician
[] Crisis Counselor (BS/BA) [] Crisis Specialist (MA/MS)

Housing/Recovery Services

- [] Mental Health Technician
[] Peer Specialist
[] LPN/RN

Outpatient

- [] Case Manager (BA/BS)
[] Therapist (MA/MS)
[] Nurse Practitioner [] Physician

Other: _____

Referral Source

- [] Walk - in [] Company Website [] Advertisement [] Other: _____
[] Employee [] School Job Fair [] Staffing Agency

Availability

Date available for work: _____ Desired Salary or Rate of Pay: \$ _____ per _____

Status Desired: [] FT [] PT [] PRN [] Hourly

What shift would you be able to work? [] Day [] Evenings [] Night

What specific days can you work? [] Weekends [] Weekday [] Other: _____

Do you have adequate transportation to get to work on time and when called in on short notice? [] Yes [] No

Will you work overtime if required? [] Yes [] No If no, please explain: _____

Are you 18 years old or over: [] Yes [] No

Best time to call you at home: [] AM [] PM [] Anytime [] Specific Time: _____

May we contact you at work: [] Yes [] No Work Phone #: _____

Legally eligible for employment in the U.S? [] Yes [] No

Have you worked here before? [] Yes [] No From: _____ To _____

Have you submitted an application here before? Yes No If yes, please give dates and positions:

If they have been explained to you, are you able to meet attendance requirements of the position? Yes No

Have you ever served in the US military? Yes No

(The question below is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability or a particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.)

Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)? Yes No I need more info about the jobs "essential functions" to respond.

Have you ever been bonded? Yes No

(Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness, and nature of the violation, rehabilitation and position applied for will be taken into account.)

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime (criminal or misdemeanor)? Yes No
If yes, please provide date(s) and detail of convictions: _____

Have you ever been released from confinement following a conviction for any criminal offense within last 7 years?
 Yes No **(If you are considered for employment/hired, a criminal background will be performed.)**

Have you had more than two moving violations or traffic tickets in the past 3 years? Yes No

Driver's license number required if driving may be required in the job for which you are applying:
License #: _____ State: _____ Exp: _____

Do you currently have valid automobile insurance? Yes No

(Below, please exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve National Guard or any other similarly protected status.)

Job Related Organizations/Offices Held

1. _____
2. _____
3. _____
4. _____

(Below please exclude info that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve, National Guard or any other similarly protected status.)

Special Accomplishments, Publications Awards, etc

EMPLOYMENT HISTORY

Provide the following information starting with your most recent employer. Incompletion will delay the process.

Date Employed: _____ Date Employment Ended: _____

Employer: _____ Phone Number: _____

Street Address: _____ City: _____ State/Zip: _____

Starting Job Title/Final Job: _____

Immediate supervisor and title (most recent position held): _____

May we contact for reference? Yes No Later

Why did you leave? _____

Summarize the type of work performed and job responsibilities: _____

What did you like the most about your position? _____

What were the things you like the least about the position? _____

Compensation Starting: Hourly Salaried \$ _____ per _____

Compensation Final Hourly Salaried \$ _____ per _____

Date Employed: _____ Date Employment Ended: _____

Employer: _____ Phone Number: _____

Street Address: _____ City: _____ State/Zip: _____

Starting Job Title/Final Job: _____

Immediate supervisor and title (most recent position held): _____

May we contact for reference? Yes No Later

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Compensation Starting: Hourly Salaried \$ _____ per _____

Compensation Final Hourly Salaried \$ _____ per _____

EMPLOYMENT HISTORY (Cont'd)

Provide the following information starting with your most recent employer. Incompletion will delay the process.

Date Employed: _____ Date Employment Ended: _____

Employer: _____ Phone Number: _____

Street Address: _____ City: _____ State/Zip: _____

Starting Job Title/Final Job: _____

Immediate supervisor and title (most recent position held): _____

May we contact for reference? Yes No Later

Why did you leave? _____

Summarize the type of work performed and job responsibilities: _____

What did you like the most about your position? _____

What were the things you like the least about the position? _____

Compensation Starting: Hourly Salaried \$ _____ per _____

Compensation Final: Hourly Salaried \$ _____ per _____

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Employer: _____ Phone Number: _____

Street Address: _____ City: _____ State/Zip: _____

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May we contact for reference? Yes No Later

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Summarize the type of work performed and job responsibilities: _____

What did you like the most about your position? _____

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Compensation Starting: Hourly Salaried \$ _____ per _____

Compensation Final: Hourly Salaried \$ _____ per _____

EMPLOYMENT HISTORY (Cont'd)

Explain any gaps in your employment, other than those due to personal illness, injury or disability. Please include dates.

Have you ever been suspended from a Medicaid and/or Medicare program? Yes No N/A

Have you ever had a professional license, registration and/or certificate suspended? Yes No N/A

If not addressed on previous page have you ever been fired or asked to resign from a job? Yes No

If yes, please explain: _____

Skills/Qualifications

Summarize any special training, skills, licenses and or certificates that may assist you in performing the position for which you are applying. _____

Computer Skills (Check appropriate boxes. Include software titles and years of experience:

Word processing _____ Years _____

Presentation _____ Years _____

Spreadsheet _____ Years _____

Email _____ Years _____

Educational Background

Starting with your most recent school attended, provide the following information:

School	Address/Location	Yrs Complete	Degree	Major/Minor
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Prof. Licensing: _____ First Issued: _____ Licensed in TN? _____ Cert#: _____ Exp. Date: _____

Certification: _____ First Issued: _____ Certified in TN? _____ Cert #: _____ Exp. Date: _____

Registered: _____ First Issued: _____ Register in TN? _____ Regist#: _____ Exp. Date: _____

Vocational/Technical/Other: _____

References

List references (not related) who have known you at least 5 years.

Name	Relationship	Phone	Yrs known	May We Call
Name: _____	_____	_____	_____	_____
Name: _____	_____	_____	_____	_____
Name: _____	_____	_____	_____	_____
Name: _____	_____	_____	_____	_____

I certify and affirm that, to the best of my knowledge and belief that I HAVE HAVE NOT had a case of abuse, neglect, mistreatment or exploitation substantiated against me and as a condition of submitting this application and in order to verify this affirmation, I further release and authorize Alliance Health Services and the Tennessee Division of MR Service to have full and complete access to any and all current or prior personal or investigative records from any party, person,, business or agency, as pertains to any allegations against me of abuse, neglect, mistreatment, or exploitation and to consider this information as may be deemed appropriate.

Signature: _____ Date: _____

APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to 1) eliminate me from further consideration for employment, or 2) may result in immediate discharge from the employer's service, whenever it is discovered.

I authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and education institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me. In connection with my suitability for employment with Alliance Healthcare Services, I authorize AHS to request investigative reports on me for employment purposes. I authorize any person, business, entity, governmental agency, any and all courts, public agencies, law enforcement agencies and credit bureaus that may have information relevant to investigative reports to disclose information.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

AHS strives for absolute compliance with the Drug-free Workplace Act of 1988. In furtherance of this policy, to use, manufacture, dispense, possess or sell alcohol or illegal drugs by employees while on the job or on the Center's property, or reporting to work under the influence of alcohol or illegal drugs, is strictly prohibited. Searches of work areas including desks, file cabinets, purses, briefcases, lunch boxes, lockers, or offices, as well as company vehicles, may be conducted upon reasonable cause. In addition, under appropriate circumstances, employees may be requested to undergo drug and/or alcohol screening. The Center's substance abuse testing policy will be provided to each employee. Any employee convicted of a violation of a criminal drug statute must notify the Center no less than 5 days after such conviction. Violations of this policy will subject the violator to prompt disciplinary action which may include immediate termination.

I understand that this application remains current for 6 months. After 6 months if I have not heard from the employer it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employers' Executive Director.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any application from consideration for employment on any basis prohibited by applicable local, state or federal law.

I agree to keep any confidential information that I receive confidential, both while employed and afterward.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant: _____ Date: _____