



BEACON SPECIALIZED LIVING SERVICES, INC.

EMPLOYMENT/CREDENTIALING APPLICATION

We do not discriminate on the basis of race, color, religion, national origin, sex, age or disability.
It is our intention that all qualified applicants are given equal opportunity and that selection decisions be based on job-related factors.

INSTRUCTIONS: Complete the application form in full. Each question should be answered fully and accurately. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have room on the application, **Resumes may not be used for application purposes. However, you may attach your résumé with this application, if desired.** If you need help or a reasonable accommodation in order to complete this form, please notify the Human Resources Department for assistance. **PLEASE PRINT**

Today's Date _____

Professional Title(s) Sought:

- Psychiatrist
 - Other Physician (specify _____)
 - APN/Nurse Practitioner (Psychiatric)
 - APN/Nurse practitioner (Physical Health)
 - Licensed/Certified Providers
 - HSPP Psychologist
 - Licensed Psychologist
 - Licensed Clinical Social Worker
 - Licensed Mental Health Counselor
 - Licensed Marriage and Family Therapist
 - Licensed Nurse (RN or LPN)
 - Certified Alcohol and Drug Counselor I
 - Certified Alcohol and Drug Counselor II
 - Addiction Counselor in Training
 - Other (Specify) _____
 - Behavioral Health Services Provider (unlicensed master's level or higher)
 - Case manager (child, adolescent, adult)
 - Social Worker (non-licensed)
 - Direct Care Staff
 - Other (Specify) _____
 - Maintenance
 - Experience in House Interior
 - Experience in Plumbing
 - Experience in Yard/House Exterior
 - Experience in Furnishings
- Specify Experience _____

IDENTIFYING INFORMATION

Last Name	First Name	Middle Name	Maiden Name (If Applicable)	Professional Credentials
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Present Street Address	City	State	Zip Code	County of Residence
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(____) _____	(____) _____	_____	_____ - _____ - _____	_____ - _____ - _____
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Home Telephone Number	Preferred Contact Telephone Number	E Mail Address	Social Security #
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Do you have a valid driver's license? Yes No License # _____ Issuing State _____
 Or do you have a Michigan ID? Yes No ID No. _____ State (if not Michigan) _____

Are you 18 years or older? Yes No

Pay expected \$ _____

Shifts/days available First Second Weekdays Weekends On-Call

How did you learn about us?

Advertisement Relative Walk-in Employment Agency Friend Other _____

List any friends or relatives working here: _____

Have you ever been employed by Beacon? _____

EDUCATION

Prior to employment, education will be verified at the source.

High School/GED

Name of school _____
Number of years completed _____ Graduation Date (M/D/Y) _____ Diploma/Degree/Certificate _____

Associates/Vocational/Technical/Specialized Training

Name of school _____
Number of years completed _____ Graduation Date (M/D/Y) _____ Diploma/Degree/Certificate _____
Area of study and/or training received _____

College/Undergraduate Education

Name of school _____
Number of years completed _____ Graduation Date (M/D/Y) _____ Diploma/Degree/Certificate _____
Major area of study _____ Minor area of study _____

Master's/Graduate Education

Name of school _____
Number of years completed _____ Graduation Date (M/D/Y) _____ Diploma/Degree/Certificate _____
Major area of study _____ Minor area of study _____

Can you provide original transcripts? Yes No

Other Relevant Training

Have you already applied for original transcripts? Yes No *NOTE: If original transcripts are available, it can facilitate the hiring process.
When transcripts are available, please forward to the appropriate Site Office.

****EMPLOYMENT HISTORY**

List names of employers in consecutive order with present or last employer first. Account for all periods of time, including military service, and any period of unemployment. Please give month and year if self-employed give company name and supply business references.

Employer _____ Phone Number _____
Address _____
Dates of Employment: From _____ To _____ Full Time Part-Time Temporary
Position _____ Behavioral Healthcare? Yes No
Starting Salary \$ _____ Ending Salary \$ _____
Name/Title of Supervisor _____
Specific Duties _____
Reason for Leaving _____

Employer _____ Phone Number _____
Address _____
Dates of Employment: From _____ To _____ Full Time Part-Time Temporary
Position _____ Behavioral Healthcare? Yes No
Starting Salary \$ _____ Ending Salary \$ _____
Name/Title of Supervisor _____
Specific Duties _____
Reason for Leaving _____

Employer _____ Phone Number _____
Address _____
Dates of Employment: From _____ To _____ Full Time Part-Time Temporary
Position _____ Behavioral Healthcare? Yes No
Starting Salary \$ _____ Ending Salary \$ _____
Name/Title of Supervisor _____
Specific Duties _____
Reason for Leaving _____

**Note: A minimum of two (2) former employers will be contacted. If applicant is currently employed, may we contact your current employer? Yes No

GOALS

What are your short-term (1-year) goals? _____

What are your long-term (more than 1-year) goals? _____

EXPERIENCE

Have you dealt with the mentally ill? Yes No Emotionally ill? Yes No Mentally retarded? Yes No
Developmentally Disabled Yes No Other handicapped? Yes No
Explain: _____

***BACKGROUND**

Have you ever been convicted of a crime? Yes No If yes, please explain: _____

Are there any charges currently pending against you? Yes No If yes, please explain: _____

Have you ever been administratively determined by a federal, state or local government agency to have committed abuse or neglect? Yes No
If yes, when, where and nature of the case: _____

Are you on a court-supervised probation or parole? Yes No If yes, please explain: _____

Have you ever been the subject of a Family Independence Agency adult foster care licensing investigation? Yes No
If yes, please explain: _____

Have you ever personally been investigated by the Family Independence Agency Adult Protective Service Unit, Department of Mental Health Recipient Rights Office, a Community Mental Health Recipient Rights Office or other recipient rights office? Yes No

If yes, please explain: _____
* A more extensive background check will be completed by Administration.

LICENSING/CERTIFICATION INFORMATION

Certificate Number _____ Expiration Date _____

Name of License/Certification _____ State _____

Certificate Number _____ Expiration Date _____

D.E.A. Registration # (MDs and APRs) _____ Expiration Date _____

Michigan Controlled Substance Registration # (MDs and APNs) _____ Expiration Date _____

If you are a foreign graduate, please provide your E.G.F M.G. # _____ Expiration Date _____

PROFESSIONAL SOCIETY MEMBERSHIPS AND FELLOWSHIPS

List all current and pending

PROFESSIONAL/PEER REFERENCES

Please list at least three (3) professional peers or supervisors who have personal knowledge of your current clinical and/or support abilities, competence, patient outcomes, ethical character, health status and ability to work cooperatively with others and who will provide specific written comments on these matters upon request from Beacon Specialized Living Services, Inc. authorities.

Interns and students must provide the name of their supervising professor. Beacon Specialized Living Services, Inc. will verify academic standing.

Name and Title _____

Address/Phone # _____

Name and Title _____

Address/Phone # _____

Name and Title _____

Address/Phone # _____

Name and Title _____

Address/Phone # _____

Please list one (1) personal reference (non-relative) whom you have known for at least one (1) year.

Name and Relationship _____

Address/Phone _____

Years Acquainted _____

PROFESSIONAL LIABILITY COVERAGE

→DOES NOT APPLY TO DIRECT CARE STAFF/MAINTENANCE APPLICANTS←

If applicable, please provide a certificate of insurance which qualifies you as a healthcare provider under the Michigan Patient's Compensation Act

Insurance Carrier _____ Expiration Date _____

Address _____

List all prior insurance carriers if different from above _____

Have you ever had professional liability insurance denied, canceled, issued on special terms, or renewal refused? Yes No

CHALLENGES TO LICENSURE/CERTIFICATION, LIABILITY ACTIONS

Have any of the following ever been, or are any correctly in the process of being denied, revoked, suspended, reduced, limited, placed on probation, not renewed or voluntarily relinquished? If yes, please provide a full explanation one separate sheet

- Yes No License/certification to practice your profession in any jurisdiction.
- Yes No Other professional license/certification/registration.
- Yes No Drug Enforcement Administration or any other controlled substances authorization.
- Yes No Staff membership, status, rights or prerogatives at any other organization/facility.
- Yes No Clinical credentials or privileges at any other hospital or healthcare institution.
- Yes No Professional society membership or office.
- Yes No Academic appointment

Have there been, or are there currently pending, any malpractice claims, suits, settlements or arbitration proceedings involving your professional practice? No Yes If YES, please discuss status and final settlements or judgments on a separate sheet.

Have there been or we there currently pending charges of fraud and/or abuse against you? No Yes If YES, please provide a full explanation on a separate sheet.

Have there ever been any felony criminal charges brought against you? No Yes If YES, please provide a full explanation on a separate sheet; Beacon Specialized Living Services, Inc. will complete a criminal background check.



BEACON SPECIALIZED LIVING SERVICES, INC.

Certificate of Applicant and Authorization to Acquire Necessary Employment Information

Date Originated: 8/8/03

Please read and initial each paragraph below

If there is any part of this page you do not understand, please ask the interviewer about it before signing.

_____ *I hereby authorize Beacon Specialized Living Services, Inc. to thoroughly investigate my references, work records, education and other matters related to my suitability for employment and, further, authorize my current and former employers, educational institutions and/or licensing/ certifying organizations to disclose to Beacon Specialized Living Services, Inc. any and all letters, reports and other information pertaining to my employment, academic records and/or status of current license/certification, without giving me prior notice of such disclosure. In addition, I hereby release Beacon Specialized Living Services, Inc., my current and former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in the application or conveyed to me during any interview that may be granted is intended to create an employment contract, implied or explicit, between Beacon Specialized Living Services, Inc. and me. In addition, I understand and agree that if I am employed; my employment relationship with Beacon Specialized Living Services, Inc. is strictly voluntary and at our mutual will. I understand that, if employed, my employment is for no definite period and may be terminated at any time, with or without prior notice, with or without cause or reason, at the option of either Beacon Specialized Living Services, Inc. or myself and that no promises or representations contrary to the foregoing are binding on Beacon Specialized Living Services, Inc. unless made in writing and signed jointly by the President/Chief Executive Officer and myself.

_____ I understand and agree that any future changes in my title, duties, compensation, working conditions, and/or Beacon Specialized Living Services, Inc.'s benefits, policies and procedures will not alter our at-will and arbitration agreements.

_____ *I understand that, as a condition of my employment, on my first day of orientation I will be required to submit **proof of my identity and legal right to work in the United States.**

_____ *If the position applied for requires driving in the course of work, I understand that I will be required to possess a current and **valid driver's license** and understand that I may be required to provide a copy of proof of insurance. I also understand that any offer of employment is contingent on my ability to be covered by Beacon Specialized Living Services, Inc.'s Vehicle Insurance, if required for my position.

_____ *I authorize Beacon Specialized Living Services, Inc. to complete a criminal background check.

_____ I authorize Beacon Specialized Living Services, Inc. to investigate my physical health status to determine if I am able to perform the essential functions of the job for which I am applying, with or without a reasonable accommodation.

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement on this application or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

My signature below certifies that I have read and understand this complete page, and agree to the terms and conditions outlined in this employment/credentialing application.

Applicants Signature _____

Date _____

This application for employment will remain active for a period of time not to exceed 120 days. The authorization for release of information shall be valid for the same period of time. Any applicant wishing to be considered beyond this time period should reapply.

- * **Date of Birth is required to conduct: Education, Licenses, Training, Experience, Verifications and Criminal Background Checks.**
- * **Copy of Valid Drivers License is Required to Verify: Legal Ability to Drive and Proof of Identity (in part)**