

APPLICATION FOR EMPLOYMENT

FACILITY _____

DATE _____

PERSONAL INFORMATION					
LAST NAME		FIRST NAME		MIDDLE NAME	
HOME PHONE		MOBILE PHONE		EMAIL ADDRESS	
HOME ADDRESS		APARTMENT #		CITY/STATE/ZIP	
PREVIOUS ADDRESS		APARTMENT #		CITY/STATE/ZIP	
PREVIOUS ADDRESS		APARTMENT #		CITY/STATE/ZIP	
SOCIAL SECURITY #		DRIVERS LICENSE # (AS DRIVING MAY BE A JOB REQUIREMENT)		EXPIRATION/STATE	
DO YOU HAVE RELATIVES EMPLOYED BY ELEVATIONS RTC/VIEWPOINT CENTER OR ANY OF ITS SUBSIDIARIES/AFFILIATES? IF YES, LIST NAME(S), RELATIONSHIP(S), AND LOCATION(S)				YES <input type="radio"/>	NO <input type="radio"/>
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES?				YES <input type="radio"/>	NO <input type="radio"/>
WILL YOU NOW OR IN THE FUTURE REQUIRE SPONSORSHIP FOR EMPLOYMENT VISA STATUS (E.G. H1-B STATUS)				YES <input type="radio"/>	NO <input type="radio"/>
HAVE YOU SIGNED A NON-COMPETE AGREEMENT WITH YOUR CURRENT EMPLOYER OR A PREVIOUS EMPLOYER WITHIN THE PAST FIVE YEARS? IF YES, CAN YOU PROVIDE US WITH A COPY OF THE DOCUMENT?				YES <input type="radio"/>	NO <input type="radio"/>
PREFERENCES					
POSITION DESIRED		FULL TIME/PART/TEMPORARY		BY WHOM WERE YOU REFERRED	
LOCATION PREFERRED		SALARY DESIRED			
EMPLOYMENT HISTORY PLEASE FILL OUT COMPLETELY INCLUDING MILITARY SERVICE, SELF EMPLOYMENT, VOLUNTEER EXPERIENCE, TIME IN SCHOOL, AND PERIODS OF UNEMPLOYMENT.					
MOST RECENT COMPANY NAME		PHONE #		ADDRESS/CITY/STATE/ZIP	
DATES EMPLOYED FROM		MONTH YEAR		TO MONTH YEAR	
SUPERVISOR:		TITLE:		MAY WE CONTACT? Y/N	
SALARY PER (CIRCLE 1) Week Month Year		STARTING: \$		FINAL:\$	
DUTIES/RESPONSIBILITIES:					
REASON FOR LEAVING:					
COMPANY NAME		PHONE #		ADDRESS/CITY/STATE/ZIP	
DATES EMPLOYED FROM		MONTH YEAR		TO MONTH YEAR	

SUPERVISOR:		TITLE:		MAY WE CONTACT? Y/N	
SALARY PER (CIRCLE 1) Week Month Year			STARTING: \$		FINAL:\$
DUTIES/RESPONSIBILITIES:					

REASON FOR LEAVING:



COMPANY NAME		PHONE #	ADDRESS/CITY/STATE/ZIP		
DATES EMPLOYED FROM	MONTH	YEAR	TO MONTH	YEAR	
SUPERVISOR:		TITLE:		MAY WE CONTACT? Y/N	
SALARY PER (CIRCLE 1) Week Month Year			STARTING: \$		FINAL:\$
DUTIES/RESPONSIBILITIES:					

REASON FOR LEAVING:



COMPANY NAME		PHONE #	ADDRESS/CITY/STATE/ZIP		
DATES EMPLOYED FROM	MONTH	YEAR	TO MONTH	YEAR	
SUPERVISOR:		TITLE:		MAY WE CONTACT? Y/N	
SALARY PER (CIRCLE 1) Week Month Year			STARTING: \$		FINAL:\$
DUTIES/RESPONSIBILITIES:					

REASON FOR LEAVING:



COMPANY NAME		PHONE #	ADDRESS/CITY/STATE/ZIP		
DATES EMPLOYED FROM	MONTH	YEAR	TO MONTH	YEAR	
SUPERVISOR:		TITLE:		MAY WE CONTACT? Y/N	
SALARY PER (CIRCLE 1) Week Month Year			STARTING: \$		FINAL:\$
DUTIES/RESPONSIBILITIES:					

EDUCATION

NAME OF SCHOOL	CITY/STATE	DATES ATTENDED	GRADUATE Y/N	MAJOR/DEGREE
HIGH SCHOOL/GED:				
TRADE SCHOOL:				
COLLEGE/UNIVERSITY:				
GRADUATE SCHOOL:				
OTHER:				

LICENSES,CERTIFICATIONS, AND/OR SPECIAL TRAINING THAT MAY QUALIFY YOU AS BEING ABLE TO PERFORM JOB RELATED FUNCTIONS IN THE POSITION FOR WHICH YOU ARE APPLYING (INCLUDE CERTIFICATE #'S AND EXPIRATION DATES)

SKILLS

LANGUAGES FLUENT IN:

COMPUTER SKILLS: WORD PROCESSING, SPREADSHEETS, DATABASE, GRAPHICS (PLEASE LIST ALL PROGRAMS USED)

BUSINESS REFERENCES PLEASE LIST 2 RECENT WORK RELATED REFERENCES WHO ARE NOT RELATIVES

FIRST/LAST NAME	PHONE #	STATE OF #	TITLE
FIRST/LAST NAME	PHONE #	STATE OF #	TITLE

GENERAL INFORMATION

Have you ever been convicted of any criminal violation of the law, or are you now under pending investigation or charges of violation of criminal law? (Do not respond concerning the following: arrest or detentions that did not result in conviction; referrals to, and participation in, any pretrial or post-trial diversion program; marijuana-related convictions more than two years old; convictions for which the record has been judicially ordered sealed, expunged, or statutorily eradicated; and misdemeanor convictions for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed) **Y/N**

Will you be able to perform, in reasonable manner, the essential functions of the job for which you are applying? If no is answered, are there any accommodation (s) which would enable you to perform those job functions? Please describe the accommodations. **Y/N**

AGREEMENT

1. I acknowledge that employment with Elevations RTC / ViewPoint Center or any of its affiliated or related companies, is entirely on an at-will basis and receipt of this application does not imply that I will be employed, nor is it a contract for employment. _____(initials)
2. I understand that I can quit employment and that I can be terminated from employment at any time, for any reason or for no reason, with or without notice. I further understand and agree that no person at Island View/Aspen Institute, or any of its affiliations or subsidiary companies, has any power or authority whatsoever, either actual or implied, to change, modify, or delete the at-will nature of my employment, except in writing, signed by the Executive Director or his/her designee and only in writing. _____(initials)
3. I certify that all statements made by me on this application and in the course of the pre-employment process are true and complete to the best of my knowledge and that I have withheld nothing. _____(initials)
4. I authorize my previous employers and/or schools to give any information regarding my employment and/or education record. I agree that Elevations RTC / ViewPoint Center or any of its affiliated or related companies and my previous employers shall not be held liable in any respect if an employment offer is not tendered, is withdrawn, or my employment is terminated because of false statements, answers or omissions made by me in this application. _____(initials)
5. In the event of my employment with Elevations RTC / ViewPoint Center or any of its affiliated or related companies, I will comply with all applicable policies, rules, and regulations. _____(initials)
6. I understand that, as a condition of employment, I may be fingerprinted, and/or a background criminal investigation conducted. A record of my criminal convictions, if any, will be examined. _____(initials)
7. I understand and agree that my employment may be conditioned, where required, on the satisfactory results of a medical exam, TB test, and drug screening. _____(initials)
8. I understand and agree that any offer of employment is conditioned on my providing satisfactory proof of my identity and legal authority to work in the USA for Island View/Aspen Institute or its affiliated or related companies, as the case may be, and if I fail to provide satisfactory proof, my employment will be terminated. _____(initials)

I hereby acknowledge that I have read the above statement, initialed each, understand the same, and accepted all the foregoing terms.

Signature _____

Date _____

Disclosure and Authority to Release Information

I understand that in processing my application with Elevations RTC or ViewPoint Center, an investigative consumer report may be conducted to obtain and verify information relating to my past activities and background. Information may include, but is not limited to; employment history, education criminal records, credit history, motor vehicle records, personal references, and any data provided on this application or during the interview process and/or during your term of employment with Elevations RTC or ViewPoint Center.

I authorize the appropriate individuals, companies, institutions or agencies to release information, and I release them from any liability as a result of such inquiries or disclosures.

I further understand and waive my right of privacy in this investigation and release and hold harmless Elevations RTC / ViewPoint Center and its agent Verified Credentials, Inc., from any liability.

An investigative Consumer report may be generated summarizing this information. I have the right under the "Fair Credit Reporting Act" to obtain a copy of this report by providing proper identification and directing a written request to Verified Credentials Incorporated, 20890 Kenbridge Court, Lakeville, MN 55044. 1-800-473-4934. I may also obtain a copy of this report by checking the "YES" box below.

If employed in Minnesota, California, or Oklahoma; I would like a copy of any report regarding me. YES NO

I hereby certify that all the statements and answers set forth on the application form/or my resume are true and complete to the best of my knowledge, and I understand that if any statements and answers are found false or the information has been omitted, such false statements/omissions may be cause for rejection or termination of my employment or application.

Legal Last Name	Legal First Name	Legal Middle Name
Street Address		
City	State	Zip Code

Please List any additional addresses you have lived, worked and attended schools in during the past 7 years (Please include the City, State, Zip and County if known):

Street Address	City	State	Zip Code
Street Address	City	State	Zip Code
Street Address	City	State	Zip Code
Street Address	City	State	Zip Code
Street Address	City	State	Zip Code

Other Name(s) used and date(s) changed _____

Driver License Number	State Issued	Expiration Date	Date of Birth
(to be used for background information ID only)			

I AUTHORIZE A PHOTOCOPY OF THIS RELEASE TO BE ACCEPTED WITH THE SAME AUTHORITY AS THE ORIGINAL AND IF EMPLOYED BY THE ABOVE NAMED COMPANY THIS RELEASE WILL REMAIN IN EFFECT THROUHOUT EMPLOYMENT.

Signature	Social Security Number	Date
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Elevations RTC & ViewPoint Center

Background Checks

All employees must pass a yearly background check. Please use a BLUE pen to complete the following Background Screening form. Ask our receptionist to make a copy of your driver license and your Social Security Card. Be sure to answer all questions. If you have a question please ask the receptionist for assistance.

If you have lived in another State other than Utah or a foreign country for 6 or more consecutive weeks you may need to provide us finger print cards. Please tell the person interviewing you if this applies to you.

If you are required to obtain finger prints you will first get a check from the business office for payment and then go to the Syracuse Police Department. You will need 2 finger print cards and ask them to please not to bend the cards. Please bring the two sets of completed finger print cards back to Elevations RTC and give them to the Human Resources Department. Thank you.

Directions: Syracuse Police Department

Leaving Elevations RTC turn left start heading East. Enter the roundabout; take the 4th exit to the right onto 2000 W. heading South in approximately one mile down the road you will see the Police Department on your right. The address is 1751 South 2000 West Syracuse, UT 84075 and the phone number is 801-825-4400.

Elevations RTC / ViewPoint Center

DRUG AND ALCOHOL TESTING ACKNOWLEDGEMENT: ALL STATES EXCEPT CALIFORNIA

APPLICANT CONSENT AND RELEASE

I have applied for employment with Elevations RTC or ViewPoint Center. As a condition for my application to be considered, I understand and agree to undergo drug/alcohol testing.

I understand that if my test results are positive or if I refuse to undergo drug testing, I shall not be considered further by Elevations RTC or ViewPoint Center for any position.

I understand that I will be tested for the following substances:

- Cocaine Metabolites
- Amphetamines
- Marijuana Metabolite
- Opiates
- Phencyclidine

Other substances I may be tested for include: **Barbiturates, Benzodiazepines, Propoxyphene Metabolite, Methadone, and Alcohol.**

I hereby authorize an Elevations RTC Human Resource representative, Nursing professional or any physician, laboratory, hospital or medical professional retained by Elevations RTC or ViewPoint Center for screening purposes to both conduct such screening and provide the results to the Human Resource Department.

Applicant: PRINT NAME

Date

Applicant: SIGNATURE

*Medical information is defined as: any individual identifiable information in possession or derived from provider of healthcare.

I _____ (name) am applying for _____ (position)
at _____ (facility)

The hours I am available to work are as follows:

Monday _____ to _____

Tuesday _____ to _____

Wednesday _____ to _____

Thursday _____ to _____

Friday _____ to _____

Saturday _____ to _____

Sunday _____ to _____

I understand that although these are my hours available to work if hired, that I may not be assigned to work all of these hours during any 7 day time period. I also understand that my availability should not change during the first 90 days of my employment.

Name _____ Signature _____

_____ Date

x please complete in blue ink

UTAH DEPARTMENT OF HUMAN SERVICES OFFICE OF LICENSING
195 North 1950 West, Salt Lake City, Utah 84116

CBS USE ONLY

BACKGROUND SCREENING APPLICATION for all individuals NOT living in
foster/adoptive homes. This includes SAS & DSPD Certified Providers

- New Applicant
- Renewal – has a current approved screening
- Transfer current approved screening from:

1. APPLICANT INFORMATION, AUTHORIZATION AND RELEASE

This section must be completed by the Applicant. Missing information or unreadable applications will be returned unprocessed.

Legal First Name:	Given Middle Name. Indicate if middle name is an initial only. Use N/A if no middle name.	Current Legal Last Name:
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List ALL Maiden, Alias & Previous Married Names:

Date of Birth <u> </u> / <u> </u> / <u> </u> MM DD YYYY	Last four digits of Social Security No. <u> </u>	Phone Number: () <u> </u>
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Mailing Address:	City:	State:	Zip Code:
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2. Have you ever been arrested or charged with a crime by any law enforcement authority (local, state, federal or international)? Disclose ALL CRIMINAL OFFENSES even if they were later dismissed, you completed a plea in abeyance or diversion program, whether you pled guilty or not guilty to an offense, or if you are waiting to enter a plea to the court.

<input type="checkbox"/> Yes	If yes to 2, please attach a <u>certified court docket</u> or other certified record (available from the court that handled your case) indicating the disposition of each charge or offense, or the status of each plea in abeyance or diversion agreement. If you previously submitted the certified court record, attach the conviction list that this office issued with your last screening approval.
<input type="checkbox"/> No	

3. Have you ever been investigated for child or adult abuse, neglect or exploitation by Child Protective or Adult Protective Services?

<input type="checkbox"/> Yes	If yes to 3, please attach complete case report showing final outcome. If previously submitted, provide a detailed explanation of the investigation including the names, dates, location and the case number if known.
<input type="checkbox"/> No	

4. Please check applicable box.

- I am a resident and hold a driver license or state I.D. card from Utah, Washington, Oregon, Idaho, Montana, Wyoming or Nevada (WIN states). Local subscription only.
 - I am a resident or hold a driver license or state I.D. card from any other state not listed above. Full nationwide subscription.
- Initial Applicants – Submit two completed, properly rolled fingerprint cards along with a company check, cashier's check or money order made payable to Department of Human Services.

5. I authorize the Utah Department of Human Services Office of Licensing to investigate my past and present child and adult abuse, neglect and exploitation records, law enforcement, driver license, and any information which may be pertinent to my application according to Utah Code 62A-2-120, 121, 122, and Administrative Rule 501-14. I authorize the Department of Human Services Office of Licensing to retain my fingerprints in order to monitor state, regional and nationwide criminal background databases in order to identify criminal activity for as long as I am associated with a Department of Human Services licensed program. I authorize the release of all information and I release and hold harmless the Department of Human Services from any damages resulting from the Department of Human Services furnishing such information to authorized agencies. I certify my answers contain no misrepresentations or falsifications, and the information is true and complete. I understand that providing false or inaccurate information or failing to provide information may result in my background screening being denied. I have read and understand the FBI NGI Rapback Privacy Statement on page 2.

Applicant Signature	Date
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TO BE COMPLETED BY PROGRAM REPRESENTATIVE

Please visit our website for full information and instructions prior to signing. www.hslfc.utah.gov

Circle Valid Identification Type	State Issued by (See #4)	ID Number	Expiration date mm/dd/yy	Circle Gender
Driver License State ID				Female Male

6. Ongoing Subscription Type

- \$52.75 - FULL Nationwide FBI. Applicant who is a resident or holds a driver license or state I.D. card from any other state not listed below.
 - \$39.75 - Local, to include only Utah, Washington, Oregon, Idaho, Montana, Wyoming and Nevada
- Provider may upgrade any applicant that requires ONLY the local ongoing subscription to the FULL nationwide, ongoing subscription.

Program Name: <u>Elevations RTC</u>	Phone: <u>801-773-0200</u>
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Mailing Address <u>2650 W. 2700 S.</u>	City <u>Syracuse</u>	State <u>UT</u>	Zip Code <u>84075</u>
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7. I certify that I have inspected the applicant's social security card and state driver license or state identification card issued by the Driver License Division and they do not appear to have been forged or altered. I have reviewed the entire completed application, applicant and licensed program sections, and they contain no misrepresentations or falsifications to the best of my knowledge. The licensed program releases the Department of Human Services from any damages resulting from disclosing information to authorized agencies. The licensed program shall not disclose this form or its contents except as authorized by Utah or federal law.

Signature of verifying representative	Date
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SAS ONLY: CLIENT NAME:	CLIENT NO:
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For Office of Licensing Use Only
FBI: _____ DHS/Office of Licensing Screening Approval Date: _____

FBI NGI Rapback Privacy Statement

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

What current professional licenses do you hold? _____
State of Issue: Date of Expiration: License Number:

Have you ever voluntarily or involuntarily relinquished this or any other license?
Yes No

Have you ever voluntarily or involuntarily had a limitation, reduction, or loss of clinical responsibilities?
Yes No

Has your license ever been challenged or threatened to be revoked? Yes No

Have professional liability actions resulting in a final judgment been made against you? Yes No
If yes, please complete the following:
Date Judgment Determined

Have you ever had your professional or medical staff membership at another organization terminated or suspended due to disciplinary reasons? Yes No

Do you have any health problems that exist that could affect your ability to perform the assigned clinical responsibilities? Yes No

For contract applicants only: Do you currently have liability or malpractice insurance? Yes No
If yes, what is the name of the carrier and the amount of the insurance?
Will it apply and cover you at our organization? Yes No
Please attach proof of insurance

*If you need to explain any answers, please use the reverse side of this application.
By signing this document, I acknowledge that everything provided is true and accurate and complete information.*

Applicant _____ Date _____

In addition to the above information, we have reviewed all pertinent information and approve/deny (circle one) this applicant to be a **Credentialed Licensed Practitioner** at my organization to perform clinical responsibilities as a

- Psychiatrist
- Therapist
- Psychologist
- Registered Nurse
- Licensed Practical Nurse
- Emergency Medical Technician
- Dietician
- Speech and Language Therapist
- Substance Abuse Counselor

FOR OFFICIAL USE ONLY

Executive Director _____ Date _____ Medical/Clinical Director _____ Date _____