



Application for Employment

Human Resources 7616 Currell Boulevard, Suite 100, Woodbury, MN 55125 Phone 651.259.9707 Fax 651.259.9730 www.prairie-care.com

MISSION Offering Hope and Healing to Those Suffering from Psychiatric Conditions and Addictions.

VISION To be a Leader in Psychiatric and Addictions Treatment

PERSONAL

Name First	Middle	Last	Previous Name(s)
Address Street	City	State	Zip
			Telephone # reachable during day hours
Email			

Position Applying for	Location <input type="checkbox"/> No Preference <input type="checkbox"/> Edina PHP <input type="checkbox"/> Woodbury Clinic <input type="checkbox"/> Edina Clinic <input type="checkbox"/> Woodbury PHP <input type="checkbox"/> Administration	If Clinic: Prefer working with <input type="checkbox"/> Children <input type="checkbox"/> Adults <input type="checkbox"/> No Preferences	Type of Employment Seeking <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> PRN/as needed	Hours Preferred List any times you are not able to work	Are you able with or without reasonable accommodations to perform the essential duties of this position? <input type="checkbox"/> Yes <input type="checkbox"/> No
Salary Expectations					

Date available to begin	Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No	(Disclosure will not bar consideration for employment. Used to ensure Prairie complies with State/Federal Child labor Laws.)	Are you legally eligible to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of a felony or other crime of dishonesty or breach of trust, or damage to a person or personal property of others? <input type="checkbox"/> Yes <input type="checkbox"/> No (Disclosure will not necessarily disqualify you from employment) If Yes, Explain
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PROFESSIONAL

License Type	Licensing Board	State	Number	Expiration Date
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List any special certifications you hold <input type="checkbox"/> CPR <input type="checkbox"/> Medication Admin. <input type="checkbox"/> Other: List _____	How were you referred to Prairie? <input type="checkbox"/> Employee <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Advertisement/Newspaper <input type="checkbox"/> Billboards	<input type="checkbox"/> Job Posting <input type="checkbox"/> Walk In <input type="checkbox"/> Other (List) _____
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EDUCATION

Please circle the number indicating the total years of schooling you have had: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

Type	Name of School	Address	Did you Graduate	Type of Degree	Field of Study
High School					
Business/Vocational Correspondence					
College or University					
Graduate or Other					

EMPLOYMENT HISTORY

Present or Last Employer	Your Title	Reason For Leaving
Address	Duties	Employment Dates To _____ From _____
Supervisor		Salary Start _____ End _____
Phone		May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No

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List additional skills, abilities, or comments.

- Computer Software Used
- Microsoft Word Microsoft PPT
 - Microsoft Excel HMS
 - Microsoft Publisher
 - Dynamics
 - Quickbooks
 - Email/Internet
 - Other (List) _____

Explain periods of unemployment of 3 months or more between jobs.

For Reference Purposes: Is any of your educational or employment history listed under another name? Yes No

If so, what?

EMPLOYMENT REFERENCES

Please list work related references that we may contact (do not list relatives).

Name	Address and phone # reachable during day hours	Occupation	How do you know them? <input type="checkbox"/> Previous co-worker <input type="checkbox"/> Current co-worker <input type="checkbox"/> Instructor/Teacher <input type="checkbox"/> Other _____
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APPLICANT'S STATEMENT

I hereby give PrairieCare the right to investigate my past employment and education. I release all liability from all persons, companies and corporations who supply such information. I indemnify PrairieCare against liability that might result from such an investigation. I understand that any false answer or statements or implications I might make in this application or in any other required document shall be considered sufficient cause to deny employment or for discharge if already employed. I verify that I am eligible to work in the United States.

I also understand that nothing contained in this application or in the granting of an interview is intended to create an employment contract between PrairieCare and myself for employment or for any benefit. I have received no promise regarding employment, and I understand that no such guarantee is binding on PrairieCare. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that PrairieCare has similar rights.

Date _____ Applicant's Signature _____

FOR HUMAN RESOURCES ONLY

Interviewed By: _____ Date: _____ Recommended for Hire Yes No

Offer Made: Yes No Offer Accepted: Yes No If No, why _____

Employment Start Date: _____ Job Title/Status: _____ Hours: _____

Salary: _____ Orientation Dates: _____

Person completing this section: _____ Date: _____



Equal Opportunity Employer

We comply with all applicable state and federal civil rights and equal employment laws and regulations.

HR Forms/Application 4-09