



Application For Employment

Date _____

An Equal Opportunity Employer

Personal Information

NAME(FIRST)		NAME(LAST)		SOCIAL SECURITY #	
CURRENT STREET ADDRESS			CITY		STATE ZIP CODE
CELL PHONE #	2ND PHONE #		REFERRED BY:		

Employment Desired

POSITION APPLYING FOR	AVAILABLE START DATE	SALARY DESIRED
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S? NO YES	ARE YOU CURRENTLY EMPLOYED? NO YES	MAY WE CONTACT YOUR CURRENT EMPLOYER FOR A REFERENCE? NO YES

Education History

SCHOOL LEVEL	NAME AND CITY/STATE	# OF YRS. ATTENDED	DID YOU GRADUATE?		
HIGH SCHOOL			NO	YES	DEGREE
COLLEGE			NO	YES	
GRADUATE SCHOOL			NO	YES	
TRADE/BUSINESS SCHOOL			NO	YES	

Licensure and Certification Information

LICENSE/Certification Held	LICENSE/Certification Held	LICENSE/Certification Held	LICENSE/Certification Held
RN	MA	LMSW/LCSW	CPR
LVN	PHARMACY TECH	LPC/LPCI	CPI
C.N.A.	BILLER/CODER	PA/NP	OTHER

General Information

SPECIAL TRAINING	SPECIAL SKILLS
U.S. MILITARY OR NAVAL SERVICE	RANK

Employment History

DATES OF EMPLOYMENT		EMPLOYER NAME/CITY, STATE	SALARY	POSITION	REASON FOR LEAVING
FROM	TO				
FROM	TO				
FROM	TO				
FROM	TO				

References (no relatives, please)

NAME	RELATIONSHIP TO APPLICANT	PHONE #

(continued on next page...)

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AUTHORIZATION

_____ Applicant Initials	"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal."
_____ Applicant Initials	"I authorize investigation of all my statements contained herein."
_____ Applicant Initials	"I understand and agree that no representative of the company has any authority to enter into any agreement for employment unless it is in writing and signed by an authorized company representative."

Signature of Applicant

Date of Application

Steps in Application Process:

1. Turn in application to LSBH staff member
2. Give an LSBH staff member a copy of your driver's license and social security card or other 2nd form of identification
3. Ask for information regarding the required pre-employment drug test and TB test
4. Wait for LSBH staff member to call you to schedule an interview

Thank you for your interest in employment opportunities with Lone Star Behavioral Health.

Sincerely,

Lindy Ingram
CFO

Interviewer Remarks	Interviewed by:		
Appearance	Neatness		Character
Personality	One word description:		
Ability	Salary offer made: \$		
Hire?	Yes	No	



C & I Holdings, LLC dba Lone Star Behavioral Health
**PERMISSION AND RELEASE FORM
 FOR BACKGROUND INVESTIGATIONS**

The information contained in this form will only be used for completion of the background investigation.

First Name	Middle Name	Last Name	Former Name(s) or Alias
Number, Street Address		City/Town	State, Zip Code
Social Security Number		Driver's License Number and State	

I hereby authorize the organization to obtain the following information in connection with my employment: **criminal and/or motor vehicle records, employment records, educational records, consumer reports (may include credit reports obtained through a consumer reporting agency.)** I acknowledge that the organization has informed me that it may make use of this information in the company's decisions regarding hiring, compensation, promotion, reassignment, retention, and other terms and conditions of my employment. I hereby authorize the organization to make use of the above-referenced information in this fashion and release the organization and any entity that provides information to the organization from liability in connection with this information.

If an adverse employment decision is made based on a consumer report, I have the right to be informed of the name and address of the consumer reporting agency.

Any offers of employment are contingent upon a satisfactory background investigation. I authorize the reinvestigation of any of the above information, at any time, during my employment. **If I am employed in a position which requires a satisfactory driving record, I understand that if my driving record is or becomes unsatisfactory, it may be a basis for termination of employment.**

Place of Birth: _____ Date of Birth: _____

Listed below are cities/states where I have lived in the past seven (7) years.

- | | | | |
|----|-------------------|-------------------|-----------------|
| | <u>City/State</u> | <u>Date: From</u> | <u>Date: To</u> |
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ |

Signature _____ Date _____



C & I Holdings, LLC dba Lone Star Behavioral Health
APPLICANT/EMPLOYEE QUESTIONNAIRE

Please fill out questionnaire. If any question does not apply, mark NA.

Name: _____ Social Security #: _____

Address: _____ State Licensed: _____

Certification/Specialty(s): _____

Telephone #: _____

Medical/Technical School Attended: _____ Graduated: _____

1. List your current professional licenses, the state of issuance and expiration date.

2. Have you ever had your license suspended or revoked? _____
3. Have you ever been convicted of a felony or misdemeanor (including a plea bargain or other arrangement with prosecuting authorities)? If so, please explain:

4. Have you ever been excluded, suspended or debarred from the Medicare or Medicaid programs or any other federally-funded health care program? _____
5. List any health care or related business in which you, or a member of your family or household, has a direct or indirect ownership or controlling interest of 5% or more. Include Medicare or Medicaid provider numbers for each (attach extra pages if necessary). _____

6. Have any of the entities which you listed in response to question #5 above been excluded, suspended or debarred from Medicare, Medicaid, or any of the federally funded health care programs? _____
7. Have you ever defaulted on a Health Education Assistance Loan? If so, please explain.



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page



Lone Star Behavioral Health

Consent for Education Verification

Lone Star Behavioral Health is required by the Joint Commission to verify all statements of education levels. Lone Star Behavioral Health utilizes the following for verification of education of staff members:

National Student Clearinghouse
2300 Dulles Station Blvd. Suite 300
Herndon, VA 20171

The National Student Clearinghouse is the nation's trusted source for degree verification and enrollment verification and student educational outcomes research by automating degree verifications, improving office productivity and reducing credentials fraud.

Please provide the following information so that we may verify your education level:

****PLEASE PRINT****

First Name	Middle Name	Maiden Name	Last Name

School Attended	School Location
Degree Earned	Major
Date of Birth	Completion/Graduation Date

I understand that Lone Star Behavioral Health is required to conduct education verification and I attest to the validity of my statements made above. I further consent to the use of the National Student Clearinghouse for my education verification.

Signature of LSBH Staff Member

Date



Thank you for applying with Lone Star
Behavioral Health.

**To verify your identity and eligibility for employment
we will need the following to complete your application:**

- 1) Copy of your current (Texas) Driver's License
- 2) If you do not have a passport, we will need a 2nd form of identification.
- 3) Second form of identification – typically a social security card.

If you have a question regarding proof of ID, a list is attached.



LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



C& I Holdings, LLC dba Lone Star Behavioral Health
PRE-EMPLOYMENT DRUG SCREEN AUTHORIZATION

Applicant Name: _____

Position applied for: _____

Date: _____ DOB: _____

According to our licensing authority, DSHS we are required to subject employees to a pre-employment drug test. The method of testing used shall preserve the privacy of the individual tested and ensure the integrity and identity of the specimen collected. In addition, "chain of custody" procedures are in place and documentation on the handling and storage of a specimen is maintained. All information gained from drug testing shall be held in the strictest of confidence in accordance with all federal and state privacy regulations.

I, _____, do hereby give my consent
(Printed applicant name)
to allow LSBH to conduct a pre-employment drug test. I understand that documented results from this test will be used to evaluate my future employment with LSBH. If hired, I understand that this information will be placed in my personnel record, accessible only by the management of LSBH.

Signature

Date