



LifeManagement inc.

Application for Employment

Life Management, Inc. is an Equal Opportunity Employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state or federal law.

Please complete the entire application. You may submit a resume, but you must still complete all questions or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume") Applications with missing or invalid job numbers will not be considered for any position.

Name: (Last, First, Middle):		Street Address:		City, State, Zip:			
Social Security Number:		Home Phone:		Work Phone:		Other Phone:	
Position Applying For:							
<input type="checkbox"/> Administrative <input type="checkbox"/> Billing <input type="checkbox"/> Mental Health Clinician <input type="checkbox"/> Substance Abuse Clinician							
<input type="checkbox"/> Psychiatrist <input type="checkbox"/> Intern <input type="checkbox"/> Extern							
Are you eligible to work in the United States?			<input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you currently employed?			<input type="checkbox"/> Yes <input type="checkbox"/> No		If NO, list reason for separation.		
Have you ever been employed by Life Management, Inc.?			<input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, dates of employment and reason for leaving.		
Are you related to any current Life Management employee?			<input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, their name & relationship to you.		
Have you sought treatment with Life Management in the past 2 years?			<input type="checkbox"/> Yes <input type="checkbox"/> No				
How did you learn about this employment opportunity at Life Management, Inc.? Check all that apply:							
<input type="checkbox"/> Ad in newspaper <input type="checkbox"/> Ad in magazine <input type="checkbox"/> Job Bulletin (Posting) <input type="checkbox"/> Website <input type="checkbox"/> Referral by employee							
<input type="checkbox"/> Other:							

Education

Name of School	City/State	Did you Graduate?	If NO, # of years left to Graduate	If YES, date of Graduation	Degree received	Major
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
GED:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other credentials/licenses/professional affiliations, etc., which are relevant to the job(s) for which you are applying.						

Skills: Please list technical skills, clerical skills, trade skills, etc. relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert)

Work Experience: Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or voluntary commitments. **PLEASE DO NOT** complete this information with the notation "See Resume". **PLEASE NOTE:** Life Management, Inc. reserves the right to contact all current and former employers for reference information

Dates Employed (most recent position) From: To:	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time #hr/wk: _____	Title:
Starting Salary: Final Salary:	Organization Name and Address:	
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for leaving:
Dates Employed (most recent position) From: To:	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time #hr/wk: _____	Title:
Starting Salary: Final Salary:	Organization Name and Address:	
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for leaving:

Dates Employed (most recent position) From: To:	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time #hr/wk: _____	Title:
Starting Salary: Final Salary:	Organization Name and Address:	
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time

		<input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for leaving:

Have you ever been convicted of a criminal offense (felony or misdemeanor)? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe the crime – state nature of the crime(s), when and where convicted and disposition of the case.

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment or termination after employment if discovered at a later date. I authorize Life Management, Inc. to investigate, without liability, all statements contained in this application and supporting materials. I authorize referrals and former employers, without liability, to make a full response to any inquiries in connection with this application for employment. I understand that this document is NOT an offer of employment and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that employees of Life Management, Inc. serve at-will, and the employment relationship may be terminated at any time by either party or any or no reason other than a reason prohibited by law. If offered employment, I will be required to furnish proof of eligibility to work in the United States. I authorize criminal record clearance if offered employment. I understand that if employed on a temporary basis I would be paid for hours worked only, and would be ineligible for benefits including paid time off. If employed on a regular benefits-eligible basis, I understand that benefit eligibility is the first of the month following a 60 day eligibility period and a one year eligibility period for participation in the company 401K program. I understand that all information regarding clients and services offered are confidential. If you or someone in your immediate family has ever received services from Life Management, Inc. it may be a conflict of interest. Do you have any conflicts we should be aware of? Yes No

Applicant Signature _____ **Date** _____