

## APPLICATION FOR EMPLOYMENT

**Below is information utilized during the hiring and credentialing process**

Please, completely fill in below. Indicate as (n/a) if you do not have the numbers requested:

Full Name:	Date:
Other Names Used:	NPI #:
Address:	Home Phone:
City, State, Zip Code:	Cell Phone:
E-Mail:	Social Security Number:
Driver's License Number:	State:                      Expiration: (MM/DD/YYYY)
Provider License Type:	Provider License Number:
Effective Date of License: (MM/DD/YYYY)	License Expiration: (MM/DD/YYYY)
DEA# (if applicable):	Expiration: (MM/DD/YYYY)
Date of Birth:	Place of Birth:
Medicaid #:	Medicare #:
Professional Degree – University Attended:	Year of Graduation:

**Online Pecos Access:** A username and password are issued to all providers when they originally acquire a NPI number. The following username and password will need to be provided to the Human Resource department in order to enroll you in Medicare through the Pecos online portal.

If you don't have these accessible, you may call **1-800-465-3203** and have the password reset.

**Pecos Online Access:**

Username: \_\_\_\_\_

Password: \_\_\_\_\_

### EMERGENCY CONTACT

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

How did you hear about the opening? \_\_\_\_\_

Please fax completed application to **713-627-7302** or email to **lmatthews@seniorpsychiatry.com**

**SKILLS**

*List any special skills or talents you feel are appropriate for the position for which you are applying:*

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<p><b>Circle one</b></p> <p>Full-Time / Part Time</p> <p>Date Available to Start: _____</p>	<p align="center"><b>Check Days Available to Work</b></p> <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <thead> <tr> <th style="padding: 2px;">Sun</th> <th style="padding: 2px;">Mon</th> <th style="padding: 2px;">Tue</th> <th style="padding: 2px;">Wed</th> <th style="padding: 2px;">Thu</th> <th style="padding: 2px;">Fri</th> <th style="padding: 2px;">Sat</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p align="center">Salary Desired: _____</p>	Sun	Mon	Tue	Wed	Thu	Fri	Sat							
Sun	Mon	Tue	Wed	Thu	Fri	Sat									

**JOB HISTORY: LIST MOST TO LEAST CURRENT**

A Business name, contact number, dates of employment and supervisor's name must be listed. Please attach a copy of your resume to showing any additional employment. All previous employment listed must be verifiable.

From: (MM/YY)-To: (MM/YY)	Starting Wage:	Ending Wage:
Business Name:	City/State:	Supervisor Name:
Contact Number:	Job Title/ Duties:	
Reason for Leaving:		

From: (MM/YY)-To: (MM/YY)	Starting Wage:	Ending Wage:
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Contact Number:	Job Title/Duties:	
Reason for Leaving:		

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**JOB HISTORY CONT'D**

From: (MM/YY)-To: (MM/YY)	Starting Wage:	Ending Wage:
Business Name:	City/State:	Supervisor Name:
Contact Number:	Job Title/Duties:	
Reason for Leaving:		

**EDUCATION**

University Name:	Location:	Degree Obtained:	Graduation Year:

**PREVIOUS WORK REFERENCES**

Name:	Relationship/Company:	Phone#:
Fax #:	Email Address:	

Name:	Relationship/Company:	Phone#:
Fax #:	Email Address:	

Name:	Relationship/Company:	Phone#:
Fax #:	Email Address:	

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**OTHER INFORMATION**

If there are any re-occurring dates (**federally approved holidays for full-time employees excluded**) on which you will be unable to work, please note them below. This information will be used to establish staff coverage in advance; should you become an employee of the company.

Date: (MM/DD/YYYY)-(MM/DD/YYYY)	
Date: (MM/DD/YYYY)-(MM/DD/YYYY)	
Date: (MM/DD/YYYY)-(MM/DD/YYYY)	

In submitting this application for employment, I understand a background check may be conducted whereby information is obtained including, but not limited to my character, employment history, education, licenses, credentials, credit history, driving record and criminal history. I further fully release Senior PsychCare and all of its affiliates "Company", its employees, officers, directors, agents, successors and assigns, and all other parties involved in this background check, including but not limited to investigators, credit agencies and those companies or individuals who provide information to Company concerning me, from any claims or actions for any liability whatsoever related to the process or results of the background check.

If there is anything you would like to inform us of prior to our check, please do so in the space below:

<i>Circle which applies</i>	Date of Incident (MM/DD/YYYY): ____/____/____
No Criminal History – Misdemeanor – Felony	
Explain Incident: _____	

Signature \_\_\_\_\_ Date: \_\_\_\_\_

In the event of employment, I understand that false or misleading information given in this employment application, on my resume, in interview(s) or on related company documents may result in immediate termination. I also understand that I am required to abide by all rules, regulations and policies of Company.

I understand receipt of this application by Company does not imply employment and this application and/or other Company documents are not contracts of employment. All information contained herein will remain personal and confidential, and will only be used for employment with Company or its affiliates.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

*It is the policy of the Company to afford equal employment opportunity to all individuals, regardless of race, creed, color, religion, gender, national origin, ancestry, age, marital status, veteran status, disability, medical condition, gender identity or sexual orientation.*

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Dear Candidate:

We appreciate you giving consideration to joining our company. Please answer the following questions in order for us to have a better understanding of your abilities and attitudes. Also, please read the attached material and think about the information you need to be able to make a long term commitment and be satisfied in your work.

Best regards,

Leo J. Borrell, M.D.

**QUESTIONNAIRE – MUST BE COMPLETED**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Position for which you are applying: \_\_\_\_\_

1. Tell me what you think I ought to know about you to evaluate how well you are likely to fit the job for which you are applying.

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2. What do you know about our company?

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3. What do you know about the specific requirements of the job for which you are applying?

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4. What doubts or concerns do you have about either the prospective company or the role?

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5. Of all the things you have done and all of your accomplishments, what has given you the greatest satisfaction and pride?

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**QUESTIONNAIRE CONT'D**

6. Under what circumstances do you work best?

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7. What things make you upset?

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8. What important lessons have you learned from your past experiences or mistakes?

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9. How would your friends describe you?

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10. Describe the best and worst boss that you have had.

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11. Describe the most difficult crisis you have faced on the job.

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12. What information do you need from me?

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13. Have you ever been fired? What was the reason?

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**QUESTIONNAIRE CONT'D**

14. What is your greatest accomplishment? Professional and/or Personal

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15. What was the greatest challenge you faced? What did you learn from it?

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16. What are your career and life ambitions?

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17. What are your strengths? Weaknesses?

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18. What were your best grades in High School? College? What were your worst?

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19. Did you have any extracurricular activities you participated in?

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20. What was your GPA in high School? College?

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21. Who was Favorite Teacher? Who was your least favorite? Why?

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**QUESTIONNAIRE CONT'D**

22. What is your favorite movie? Book? TV Show? Favorite Character?

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23. How do you deal with your anger?

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24. How do you deal with others anger?

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25. Are you willing to read or learn on your time to improve yourself? If so, how much time per week?

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26. What is the worst thing your boss, ex-supervisor, wife, and friend would say about you?

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