

# ALTERNATIVE OUTLOOK, LLC

## Employment Application



APPLICANT INFORMATION											
Last Name		First		M.I.		Maiden		Date			
Street Address							Apartment/Unit #				
City				State		ZIP		County			
Phone				E-mail Address							
Cell				Emergency Contact			#				
Date Available				Social Security No.				Desired Salary			
Position Applied for					What shifts can you work?						
Will you accept part time employment?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Will you accept temporary employment?		YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?								
Do you have friends who work for Alternative Outlook?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, who?								
Have you ever been convicted of a Misdemeanor or Felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain								
Do you possess a Driver License?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	State of Issue		Do you have reliable transportation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Have you ever been terminated or asked to resign?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain								
***Have you lived outside the state of Kentucky or worked outside the state of Kentucky in the last 12 Months?***								YES <input type="checkbox"/>	NO <input type="checkbox"/>		
EDUCATION											
Schools	Name and Address of School	Years		Diploma	Degree	Did you Graduate	Total Hours	Major			
		From	To								
Grade School											
High School/ GED											
Vocational School											
College/ University											
Military/ Grad. School											
Circle highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18+											
List Subjects taken which would be related to the position you are applying											
Other Licensure or Certification				Year of First Issue		Year of Last Issue					
List Special Skills you Possess and machines/equipment you can use											

**REFERENCES**

Please list three professional references.

Full Name		Relationship	
Company		Phone	
Address		Years Known	
Full Name		Relationship	
Company		Phone	
Address		Years Known	
Full Name		Relationship	
Company		Phone	
Address		Years Known	
Full Name		Relationship	
Company		Phone	
Address		Years Known	

**PREVIOUS EMPLOYMENT**

Company		Phone	
Address		Supervisor	
Job Title		Starting Salary	\$
			Ending Salary \$
Responsibilities			
From		To	
		Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone	
Address		Supervisor	
Job Title		Starting Salary	\$
			Ending Salary \$
Responsibilities			
From		To	
		Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone	
Address		Supervisor	
Job Title		Starting Salary	\$
			Ending Salary \$
Responsibilities			
From		To	
		Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge. Falsification or failure to answer all questions is sufficient grounds for rejection of this application. I further understand Alternative Outlook employs at will, which means that either the employee or the employer may terminate with or without cause not prohibited by law. I understand that the Director and Owners of Alternative Outlook are the only officers who are authorized to enter into employment contracts and may do so only in writing. I authorize Alternative outlook to do a thorough investigation of my past employment, education, and activities, which includes fingerprinting and drug testing for the purposes of obtaining information regarding past criminal convictions and I release from all liability all persons, companies, and corporations supplying this information. I release and indemnify Alternative Outlook against any liability that might result from making such an investigation. I realize that nothing in this application is intended to constitute a contract, in whole or in part.

Signature		Date	
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# ALTERNATIVE OUTLOOK, LLC

## Pre-Hire Assessment



### QUESTIONS

1. Tell me something interesting about yourself:
  
  
  
  
  
2. If Lucy takes Hadol 5mg three times per day, how many pills would she have to have to last 4 weeks?
  
3. You are required to reorder Jane's Medication when she gets down to a 5 day suppl. If she takes Prozac 10mg twice per day, how many pills will she have left when you reorder her medication?
  
4. If John and Kenny get into an argument, tell me something you might do to try to calm them down:
  
  
  
  
  
5. If Kyle takes an anti-biotic three times per day, how many hours should be between each dose of medication?
  
6. Read the prescription and answer the following questions.

**ARH** Karen Patton, DO  
 Wayland ARH Family Care Clinic  
 2662 King Kelly Coleman Hwy. • Wayland, KY 41666 • (606) 358-4211  
 www.arh.org DEA No. FP1904300 • Ky. License No. 03292  
 NPI No. 1790958148

THIS DOCUMENT CONTAINS VOID PANTOGRAPH MICROPRINTED SIGN LINE. REVERSE RX. SECURITY BACKPRINT

Name \_\_\_\_\_ Date 1/6/14  
 Address \_\_\_\_\_

*Metformin 500mg*  
*sig: BID*  
*#60*

Refill NR 1 2 3 4 5

Void after \_\_\_\_\_ Signature *Karen Patton*  
 Do Not Substitute-Dispense As Written  
 Prescription is void if more than (1) prescription is written per blank

1-24  
 25-49  
 50-74  
 75-100  
 101-150  
 151 and over

A. What date should the client begin taking this medication?	
B. What is the name of the medication?	
C. What is the dosage of the medication?	
D. How many times per day should the client take this medication?	
E. How many refills does this medication have?	
F. What date will this medication end?	
G. How many pills did the doctor prescribe on this prescription?	

Employee Candidate Signature		Date	
Employer Signature		Date	