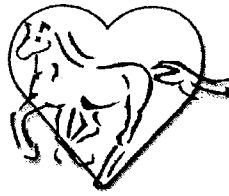


Heartland
Behavioral Health Services



1500 West Ashland, Nevada, MO 64772

Dear Heartland Applicant:

We are pleased that you have chosen us as a prospective employer. All applicants are considered for employment regardless of race, sex, age, national origin, religion or disabled status.

Please be aware that if applying, for direct patient care, you must be at least twenty-one (21) years of age and possess a high school diploma or GED.

Unfortunately, time will not permit us to personally interview each and every applicant. However, we want you to know that you are important to us.

Therefore, please complete this application as thoroughly as possible including a telephone number. I will personally review your application within the next few days. If I determine that your skills, education, and experience are a match with one of our openings, you will be contacted within ten (10) days. If you do not hear from us within that time, it means we have nothing appropriate for you.

If we do not contact you in ten (10) days, we will keep your application on file for three months. You should feel free to contact us during that time for continued consideration.

Again, thank you for your interest in Heartland and good luck in your employment search.

Sincerely,


Paula Feldmann
Human Resources



Employment Application

Heartland Behavioral Health Services, 1500 W Ashland, Nevada MO 64772

Pre-Employment Drug Screen is Required

Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, sexual orientation, veteran status, disability, or any other characteristic protected by applicable federal, state or local law.

(PLEASE PRINT)

Date of Application _____

Position(s) Applied for _____
(If Nursing, which department)

Referral Sources: Print Advertisement Walk-in Employment Agency
 Internet _____ Company Web site Direct Mail Employee Referral
(List Internet Site)
 Friend _____ Relative _____ Other _____
(Name of Friend) (Name and Relationship of Relative)

Name _____
LAST MIDDLE FIRST

Address _____
NUMBER STREET CITY STATE ZIP CODE

Telephone (H) (_____) _____ (Cell) (_____) _____ Social Security Number ____-____-____
Area Code Area Code

Email Address _____ Fax Number (_____) _____

Can you furnish a work permit if you are under 18?
 Yes No
 N/A

Have you ever been convicted, or pled guilty, including a plea of no contest, to a criminal offense? Yes No
If so, please explain: _____

Have you filed an application here before?
 Yes No
If Yes, give date _____

(Please note that a conviction does not necessarily disqualify an applicant from employment. Also, "conviction" includes sentenced to confinement, payment of fines, time served, probation, deferred adjudication, and/or court-ordered restitution.)

Have you ever been employed here or at another UHS facility?
 Yes No
If Yes, when, where? _____

Have you ever had your professional license suspended or revoked? Yes No
 N/A

Do you have any relatives currently employed here?
 Yes No

Are you available to work?
 Full-time Part-time Per Diem
 Temporary Weekends

Are you employed now?
 Yes No

Shift: 1st 2nd 3rd
 7 am - 7 pm, where available 7 pm - 7 am, where available

May we contact your present employer?
 Yes No

Are you on a lay-off and subject to recall? Yes No

Are you prevented from becoming lawfully employed in this country? Yes No
(authorization to work required prior to employment)

Can you travel if a job requires it? Yes No

On what date are you available for work? _____

Are you a Nursing Applicant? Yes No

Minimum Salary Requirements: _____

If Yes, please select the number of years' experience in a similar position.

0-1 year 2-4 years
 5-9 years 10+ years

Education

Professional License Number	Expiration Date:	Comments
Type of License		
Professional License Number	Expiration Date:	Comments
Type of License		

School Name	High	College / University	Graduate / Professional
City, State			
Years Completed (Check boxes)	9 10 11 12 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Diploma / Degree			
Describe Course of Study			

Honors & Awards:	
------------------	--

Describe specialized training, apprenticeship, skills with number of years experience. Also, describe extra-curricular activities (optional).	
---	--

State any additional information you feel may be helpful to us in considering your application:

The primary language requirement for most positions is English. (Optional) Indicate any other languages you speak, read, or write:	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>FLUENT</th> <th>GOOD</th> <th>FAIR</th> </tr> </thead> <tbody> <tr> <td>SPEAK</td> <td></td> <td></td> <td></td> </tr> <tr> <td>READ</td> <td></td> <td></td> <td></td> </tr> <tr> <td>WRITE</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		FLUENT	GOOD	FAIR	SPEAK				READ				WRITE			
	FLUENT	GOOD	FAIR														
SPEAK																	
READ																	
WRITE																	

List Professional, trade, business, or civic activities and offices held. (You may exclude those which indicate race, color, religion, sex, national origin, age, marital status, sexual orientation, veteran status, or disability):
<hr/> <hr/> <hr/>

Professional References:				
Name	Relationship to Applicant	Name of organization where individual knew your work performance	Address	Telephone

Employment Experience

Please complete the following, even if you are attaching a resume. Start with your present or last job.
Include military service assignments and volunteer activities.

Employer	Dates Employed: From <u> </u> / <u> </u> / <u> </u> to <u> </u> / <u> </u> / <u> </u> <small>Month / Year Month / Year</small>
Address	Base Hourly Rate/Salary: Starting <u> </u> Final <u> </u>
City State Zip	Work Performed _____
Telephone Number ()	_____
Job Title	_____
Supervisor	_____
Reason for Leaving	_____

Employer	Dates Employed: From <u> </u> / <u> </u> / <u> </u> to <u> </u> / <u> </u> / <u> </u> <small>Month / Year Month / Year</small>
Address	Base Hourly Rate/Salary: Starting <u> </u> Final <u> </u>
City State Zip	Work Performed _____
Telephone Number ()	_____
Job Title	_____
Supervisor	_____
Reason for Leaving	_____

Employer	Dates Employed: From <u> </u> / <u> </u> / <u> </u> to <u> </u> / <u> </u> / <u> </u> <small>Month / Year Month / Year</small>
Address	Base Hourly Rate/Salary: Starting <u> </u> Final <u> </u>
City State Zip	Work Performed _____
Telephone Number ()	_____
Job Title	_____
Supervisor	_____
Reason for Leaving	_____

If you need additional space, please continue on a separate sheet of paper.

Applicant's Certification and Agreement

In consideration of being employed, I understand and agree that:

1. If I misrepresent or deliberately leave out a fact in my application, I may be refused employment or, if employed, my employment may be terminated.
2. The Company has my authorization to thoroughly investigate my work and personal and credit history if applicable to my position and I hereby consent to take any test, whenever the Company deems it necessary including an employer investigation. I will hold no person, corporation or organization liable for my giving or its receiving information in such an investigation.
3. If I am extended an offer of employment, any doctor, hospital or testing laboratory has my consent to conduct medical or drug tests on me, and I hereby give my consent to having all information released for the Company to determine my abilities to perform job duties now or in the future. I acknowledge that I do not use or abuse illegal substances. I also give my consent to physical searches of myself and my brief case, purse, lunch box, car, locker or any packages I have while on the Company's premises, whether or not I have a lock on such items.
4. If employed, I may terminate my employment at any time without notice or cause, and the Company may terminate or modify the employment relationship at any time without prior notice or cause. In consideration of my employment, I agree to conform to the rules and regulations of the Company, and I understand that no department head or representative of the Company, other than the President of the Company, has any authority to enter into any agreement, oral or written, for employment for any specified period of time or to make any agreement or assurances contrary to this policy.
5. If employed, I understand that I must abide by the Company policies, including the Service Excellence standards and realize that service excellence is a priority of this Company.
6. The needs of the Company may make the following conditions mandatory: overtime, shift work, rotating work schedule, or a work location other than the location offered to you at the time of your hire. I accept these conditions of employment.
7. The Company is an equal opportunity employer. The Company does not discriminate in employment and no question on my employment application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.
8. If employed, I understand that my employment is for no definite period of time, and if terminated, the Company is liable only for wages or salary earned as of the date of termination.
9. I have read and agree to the above and hereby certify that the facts I have provided in my employment application are true and complete.
10. This application is current and active for only 1 year. At the conclusion of this time, if I have not had any contact from the Company and still wish to be considered for employment, it will be necessary for me to fill out a new application.
11. I understand that the Company requires all staff to report sanctions, convictions, suspensions, censures or revocation ("sanction") action taken against them by federal, state, local, or other professional entities. These sanctions may include but are not limited to infractions against professional licensure, criminal history convictions, history of child abuse, managed care organizations, etc.
12. Employees and visitors often receive specific information concerning residents (i.e., residents includes but is not limited to: patients, students, etc.) and their illness. This information is strictly confidential and should never be discussed with other residents, visitors, fellow employees, family or friends. All employees and visitors must fully understand that any information they receive concerning residents and/or activities is confidential information.
13. READ CAREFULLY BEFORE SIGNING. I agree that any claim or lawsuit relating to my service with UHS or any of its subsidiaries must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

I have read and agree to the above and hereby certify that the facts I have provided in my employment application are true and complete.

Date: _____ Signature of Applicant: _____

It is unlawful in some states, including Massachusetts, to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liabilities.

FOR HUMAN RESOURCES USE ONLY

Arrange Interview Yes No
 Remarks _____
 Employed Yes No Date of Employment _____
 Job Title _____ Hour Rate/Salary _____ /Dept. _____
 By _____ Date _____
Name and Title



Voluntary Applicant Data Record

We ask that you complete this section so that we can comply with any applicable government record keeping. This form is completely voluntary. No adverse action will be taken for your choice not to complete the form.

(PLEASE PRINT)

Date _____

Position(s) Applied for _____

Referral Sources: Print Advertisement Walk-in Employment Agency
 Internet _____ Company Web site Direct Mail Employee Referral
(List Internet Site)
 Friend _____ Relative _____ Other _____
(Name of Friend) (Name and Relationship of Relative)

Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, sexual orientation, veteran status, disability, or any other characteristic protected by applicable federal, state or local law.

This data is used for both our purposes to assess our equal employment opportunities policy and practices and, if applicable for any required government reporting.

This data is kept in a confidential file separate from the application of employment.

Applicant Flow Data

Certain government agencies, such as the EEOC, require periodic reports on the gender, national origin, etc. This data is for analysis of our equal employment opportunities policy and, where applicable, affirmative action obligations.

Name _____ Phone (____) _____
Last First Middle

Address _____
Number Street City State Zip

Check one: Male Female

Check one of the following:
 Race / Ethnic Group Caucasian African-American or Black Hispanic or Latino
 American Indian/Alaskan Native Asian
 Native Hawaiian or Other Pacific Islander Two or More Races

Veteran N/A Yes No

Disabled N/A Yes No

Exhibit B

MHA Management Services Corporation - Background Check Request Form

4/14/08

MHA Management Services Corporation
P.O. Box 6766, Jefferson City, MO 65102
Phone: 573/893-3700 Fax: 573/893-7669
Name, Title
Company
Phone: Fax:

First Name Middle Name Last Name

Alias/Maiden Name Check Alias Name? Will Employee's Salary Exceed \$75,000?
YES NO (Additional Charges May Apply) NO YES

Social Security Number Date of Birth Race Gender
M F

Mailing Address (NO P.O. Boxes) City State Zip Code

As part of the employment volunteer student credentialing process, I consent to the release of my criminal background records and motor vehicle driving records by any and all states or agencies holding such records. I also agree to an investigation and the obtaining of a consumer report solely for employment volunteer student credentialing purposes. By signing this consent, I acknowledge I have received in writing a Disclosure Regarding Procurement of a Consumer Report with respect to my application for employment volunteer student credentialing purposes.
DATE: / /
Signature of Applicant Signature of Witness

CHECK ALL BACKGROUND SEARCHES NEEDED

OIG (Medicare/Medicaid Fraud & Abuse) GSA (Federal Procurement Fraud) Address Verification Alias Search SSN Verification Plus (Alias & Address)
Government Watch List (DOC Entity List, DOC Denied Persons List, DOT Specially Designated Nationals & Blocked Persons List and the DOS Proliferation List)
DFS (MO Child Abuse and Neglect - Need Address/No P.O. Boxes) FCSR** (Must Fax Necessary Documents) Credit Report (Requires special agreement)
Federal Courts through PACER State 1: 2: Sex Offender Nationwide or State 1: 2:
Driving Record Check State: DL#
Professional License Verification State: License Type: License Number:
Education Verification
School Name: City/State: Graduation Date:
Degree(s) Earned: Alias Name(s) While Attending:
If additional Education Verifications are needed, refer to application during data entry or document on another Background Check Request Form.
Employment Verification
Company: Address: City/State:
Phone: Supervisor: Starting Date: Ending Date:
Title: Duties:
Starting Wage: \$ Yr/Hr Ending Wage: \$ Yr/Hr Reason for Leaving:
If additional Employment Verifications are needed, refer to application during data entry or document on another Background Check Request Form.

LIST CITY/COUNTY CRIMINAL SEARCHES NEEDED

States with county by county access only: CA, LA, MA, ND, VT, WV and WY

County 1: State: County 2: State: County 3: State:

OneScreen Database - 50 state criminal and sex offender search. Also searches several domestic and international sanctions and blocked person(s) lists.
Canadian Criminal - by Province 1: 2:
Puerto Rico Repository (requires Mother's Maiden Name)

STATEWIDE REPOSITORY- Central repository access

AK* AR* CO FL GA* HI ID** IN IA** KS KY ME MI
MT NE NH** NY OK OR PA SC TN TX WA WI
Illinois Healthcare - Compliance with Illinois Health Care Worker Background Check Act (ISP Full-State Repository Criminal)
MO - includes sex offender search

STATEWIDE EXPEDITED - County by county court retriever access within the state

AL CT DE DC MD MN NJ NC RI SD

STATEWIDE DATABASE - Department of Corrections/other state or county department access

AZ MI NV NM OH UT VA

* & ** Requested Form(s) must be faxed to MSC 573/893-7669

HEARTLAND BEHAVIORAL HEALTH SERVICES

1500 West Ashland
Nevada, MO 64772
417-667-2666
417-448-5604 fax

DRUG/ALCOHOL SCREEN AUTHORIZATION AND RELEASE

I, _____, authorize Heartland Behavioral Health Services to conduct, through its designated physician or consultant, drug/alcohol-screening tests as a condition of my employment.

I voluntarily consent to all such examinations and tests, and release Psychiatric Solutions, Inc./ Heartland Behavioral Health Services, its officers, employees, and agents from any claims or liability arising from (and the information obtained from) such examinations or tests.

I have read this Authorization and Release and understand its contents and implementation.
(IF YOU DO NOT UNDERSTAND, PLEASE ASK)

Signature

Date

Witness

Date

Missouri State Highway Patrol / Missouri Department of Social Services
REQUEST FOR CHILD ABUSE OR NEGLECT / CRIMINAL RECORD

TYPE OF SERVICE (Check ALL that apply) See reverse side for further instructions. <input checked="" type="checkbox"/> (1) CD Central Registry Child Abuse Search Only - No Charge <input type="checkbox"/> (2) Name Search - \$9.00 (Criminal record, child abuse, or neglect, central registry search) <input type="checkbox"/> (3) Fingerprint Search <input type="checkbox"/> \$14.00 (Authorized Statute 210.487) <input type="checkbox"/> \$20.00 (All other request)	TYPE OF DAYCARE PROVIDER <input type="checkbox"/> (1) License <input type="checkbox"/> (2) License Exempt <input type="checkbox"/> (3) Registered
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IDENTIFYING DATA (Please type or print information legibly in ink.) The subject of the request must complete the next section and sign.

APPLICANT'S NAME (Last, First, MI, Jr., Sr., III)

MAIDEN NAME	DATE OF BIRTH (MM/DD/YY)	STATE OF BIRTH	SEX	RACE
-------------	--------------------------	----------------	-----	------

ALIAS NAME(S)	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER / STATE /
---------------	------------------------	-----------------------------------

ADDRESSES FOR PAST 5 YEARS

STREET	CITY	STATE	STREET	CITY	STATE

Have you ever been found guilty to or been convicted of any criminal act in this state or any state?
 YES (Complete section below) NO, I have not been found guilty to or been convicted of any criminal offense in this state or any state.

DATE	CITY	STATE	COUNTY	CIRCUMSTANCES (Identify charges, attach separate page, if necessary.)

Have you ever been substantiated as a perpetrator in any child abuse or neglect report made to the Children's Division in this state or any state?
 YES (Complete section below) NO, I have not been substantiated as a perpetrator in any child abuse or neglect report.

DATE	CITY	STATE	COUNTY	CIRCUMSTANCES (Attach separate page, if necessary.)

The information provided is complete and accurate to the best of my knowledge. I understand it is unlawful to withhold or falsify information required on this form. I grant permission to the Department of Social Services to obtain any and all information needed to process my request and to use the information as permitted by law.

SIGNATURE OF APPLICANT (REQUIRED IN INK)	DATE
SIGNATURE OF REQUESTOR (Required in ink)	DATE
TITLE OF CHILD CARE PROVIDER	TELEPHONE
STATE AGENCY	STATE VENDOR OR CONTACT NO. (If applicable)

CHECK APPROPRIATE BOX

<input checked="" type="checkbox"/> CHILD CARE RELATED EMPLOYMENT	<input type="checkbox"/> DOH / CCB CHILD CARE BUREAU	<input type="checkbox"/> SCHOOLS / PUBLIC AND PRIVATE
<input type="checkbox"/> CHILD CARE RELATED VOLUNTEER	<input type="checkbox"/> DMH / DMH VENDOR	<input type="checkbox"/> CD CONTRACT PROVIDER
<input type="checkbox"/> CD LICENSURE	<input type="checkbox"/> HEALTH CARE	<input type="checkbox"/> OTHER _____

<p>COMPLETE RETURN ADDRESS (REQUIRED ON EACH APPLICATION) Complete your mailing label below Confidential Mail</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:20%;">AGENCY NAME</td><td>Paula Feldmann</td></tr> <tr><td>ATTENTION</td><td>Heartland Behavioral</td></tr> <tr><td>ADDRESS</td><td>1500 Ashland Street</td></tr> <tr><td>CITY, STATE, ZIP CODE</td><td>Nevada, MO 64772</td></tr> </table>	AGENCY NAME	Paula Feldmann	ATTENTION	Heartland Behavioral	ADDRESS	1500 Ashland Street	CITY, STATE, ZIP CODE	Nevada, MO 64772	<p>SEND FEE & FORM TO: Missouri State Highway Patrol Criminal Records and Identification Division P.O. Box 9500 Jefferson city, MO 65102</p>
AGENCY NAME	Paula Feldmann								
ATTENTION	Heartland Behavioral								
ADDRESS	1500 Ashland Street								
CITY, STATE, ZIP CODE	Nevada, MO 64772								