

THE CARPENTERS MISSION INTERNATIONAL MINISTRY INC



Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____
Phone: _____

Company: _____

Email: _____

Full Name: _____ Relationship: _____
Phone: _____

Company: _____

Email: _____

Full Name: _____ Relationship: _____
Phone: _____

Company: _____

THE CARPENTERS MISSION INTERNATIONAL MINISTRY INC

Email: _____

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 NO

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 NO

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 NO

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

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NEW HIRE INFORMATION & PAPERWORK

Staff Member Name: _____ Hire Date: _____

Legal Work Status: _____ DOB: _____

Title: _____ Qualifies as: BHPP BHT BHP
MED

Status: FT PT Volunteer Contract Administrative Staff

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Emergency Contact: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

VERIFICATION OF SKILLS AND KNOWLEDGE

Applicant:

Date:

Position Applied for:

PT FT On-Call

Circle the appropriate qualification responses.

1. Candidate has behavioral health work experience. Yes No
Years of experience: _____. In what capacity?
 - a. In an agency;
 - b. To an individual; or
 - c. In a field related to behavioral health.
2. Candidate has:
 - a. A high school diploma or high school equivalency diploma
 - b. Trade school or other certification
 - c. An associate's degree
 - d. A Bachelor's degree in
 - e. A Master's degree in
 - f. A PhD in
3. License/Registration:
 - a. CNA: Certified Nurse's Assistant
 - b. LPN: Licensed Practical Nurse
 - c. RN: Registered Nurse
 - d. NP: Nurse Practitioner
 - e. MD: Medical Doctor
 - f. Licensed Psychiatrist
 - g. LSAC: Licensed Substance Abuse Counselor
 - h. LSW: Licensed Social Worker
 - i. Licensed Psychologist
 - j. LMFT: Licensed Marriage and Family Therapist
 - k. LPC: Licensed Professional Counselor
 - l. Licensed Psychologist

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Qualifications: BHPP

BHT

BHP

BHPP: HS diploma/equivalent or AA.
 BHT: Master's degree, Bachelor's Degree in BH, RN, PA, Bachelor's degree with one (1) yr FT BH exp, AA degree with two (2) yrs FT BH experience, HS diploma/equivalent and 18 credit hrs of post HS education in BH (in last four years) AND two (2) yrs FT BH experience, OR four (4) yrs BH experience, LPN with two (2) years FT BH exp.
 BHP: Licensed under A.R.S. Title 32, Chapter 33, a licensed psychiatrist, psychologist, physician, registered nurse practitioner

Verification of Skills and Knowledge by Interview (If marked no, staff must be trained on subject matter within one year)	YES	NO
Protect Client Rights		
Provide treatment that promotes client dignity, independence, individuality, strengths, privacy, and choice		
Recognize obvious symptoms of a mental disorder, personality disorder, or substance abuse		
Provide outpatient behavioral health services		
Meet the unique needs of the population		
Protect and maintain the confidentiality of client records and information		
Recognize and respect cultural differences		
Recognize, prevent, and respond to a situation in which a client: <ul style="list-style-type: none"> a. May be a danger to self or a danger to others, b. Behaves in an aggressive or destructive manner, c. May be experiencing a crisis situation, or May be experiencing a medical emergency 		
Read and implement a client's treatment plan		
Assist a client in accessing community services and resources		
Record and document client information		
Demonstrate ethical behavior, such as by respecting staff member and client boundaries and recognizing the inappropriateness of receiving gratuities from a client		
Identify types of medications commonly prescribed for mental disorders, personality disorders, and substance abuse and the common side effects and adverse reactions of the medications		
Recognize and respond to a fire, disaster, hazard, and medical emergency		
Provide the activities or behavioral health services identified in the job description and the agency's policy and procedure		
Assessing, diagnosing, or treatment of a person's behavioral health issue		

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For Staff Use Only

I have interviewed the above applicant and reviewed skills and knowledge on this questionnaire. Skills and knowledge verified during interview by:

Signature and Credentials/Title

Date

ORIENTATION

Staff Member Name:

Date:

Orientation Topic	Completed
Agency Overview and Philosophy	
Behavioral Health Program Description	
Job Description	
Policies and Procedure Manual Review	
Regulatory Requirements	
Client Rights & Mandated Reporting of Abuse/Neglect/Exploitation or Rights	
Ethics & Staff Member Complaint Procedures	
Client Treatment Goals & Objectives	
Recognition and Prevention of DTS & DTO Behaviors	
Emergency/Crisis Procedures	
Incident Response and Report Writing	
Client Expectations	
General Behavioral Management	
Client Record Location, Storage, Maintenance, & Confidentiality	
Client Record Documentation	
Procedures for responding to a disaster, a fire, a hazard, a medical emergency, and a resident experiencing a crisis situation, and also evacuation procedures	
Tour of Facility, Including Evacuation Path	
DURATION OF ORIENTATION (TOTAL HOURS)	

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I completed all above orientation topics. I understand and am responsible for following agency policies and procedures.

Staff Member Signature, Credential/Job Title

Date

Trainer Signature, Credential/Job Title

Date

NEW HIRE POLICY MANUAL REVIEW

The Administrator, Clinical Director and Registered Nurse have reviewed and approved all policies and procedures. When a policy or procedure is approved or updated, each staff member whose duties are impacted by the policy and procedure must review the policy and procedure within 30 days of approval. All newly hired staff will review the policies and procedures during the orientation process.

I have reviewed the policy manual and understand and will follow policies contained therein.

Staff Signature, Credentials, Title

Date Signed

ANNUAL PERFORMANCE REVIEW

Staff Member Name:

Hire Date:

You are rated based on observation, interaction with other staff and clients, documentation thoroughness and accuracy, and non-solicited input of your work habits by other staff members and clients.

Rating Scale:

- 1 – poor performance
- 2 – needs improvement
- 3 - standard performance
- 4 – good performance
- 5 – excellent performance

1. Respects and practices ensuring client rights	1	2	3	4	5
Comments:					
2. Appropriate work habits (cleanliness, on-time, etc.)	1	2	3	4	5
Comments:					
3. Documentation accuracy and thoroughness	1	2	3	4	5
Comments:					
4. Follows agency policies and procedures	1	2	3	4	5
Comments:					

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5. Area for growth and improvement:

Final Score:

Reviewer:

Reviewer Signature, Title or Credentials

Date

Employee Comments:

Employee Signature, Title or Credentials

Date

ALL FILES MUST INCLUDE THE FOLLOWING DOCUMENTS

_____ Signed Job Application (Employees only)

_____ Signed Contract (Contractors only)

_____ Photo ID – Drivers License, Passport or State ID

_____ First Aid

_____ CPR

_____ Fingerprint Clearance Card

_____ Negative TB Skin Test (If applicable)

_____ Education – Diploma, Degree, Certificate and/or Transcript

_____ License (If applicable)

_____ Signed Job Description

_____ Copies of Trainings

THE CARPENTERS MISSION INTERNATIONAL MINISTRY INC

_____ Documentation of Communicable Diseases, if any