



## **MBH INTERNAL APPLICATION**

**To be eligible to apply / interview for a position, the following criteria must be met:**

- No written disciplinary actions for conduct within the last 6 months; performance related documentation must be disclosed, addressed below and approved by hiring manager.
- Signed Position Description for the position for which you are applying
- This form, including supervisor reference, must be submitted to MBH recruiting department prior to consideration
- If length in current position is less than 6 months, direct supervisor approval is required.

**Name:** \_\_\_\_\_ **Direct Supervisor:** \_\_\_\_\_

**Current Position:** \_\_\_\_\_ **Length in Current Position:** \_\_\_\_\_

**Position applying for:** \_\_\_\_\_

**Position #:** \_\_\_\_\_ **Dept./Location** \_\_\_\_\_

**Preferred Schedule, if applicable** \_\_\_\_\_

**Please provide information on your qualifications for this position:  
(Resume must be submitted with this application, please attach)**

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**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## INTERNAL APPLICANT AUTHORIZATION FOR REFERENCE CHECK

I hereby authorize my direct supervisor at Meridian Behavioral Healthcare, Inc. to provide any information concerning me that is on record or otherwise, and do hereby release the addressed individual and all individuals connected therewith, including Meridian Behavioral Healthcare, Inc., from all liability for any damage incurred in the furnishing of such information.

Current Supervisor to Provide Reference: \_\_\_\_\_ EXT: \_\_\_\_\_

Current Position: \_\_\_\_\_ Dates: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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

You are applying for a:

- General Position
- Clinical Position
- Medical Position

Applicant Signature: \_\_\_\_\_

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**TO BE COMPLETED BY IMMEDIATE SUPERVISOR PROVIDING REFERENCE:**

**(Supervisor: Once complete, please submit this form directly to recruitment department)**

Name of supervisor providing reference: \_\_\_\_\_

Position(s) held by applicant:

Dates Held:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

This Employee has **no written disciplinary action for conduct within the last 6 months**

Yes

No

If length in current position is less than 6 months, direct supervisor approval is required. Supervisor  
Signature for approval \_\_\_\_\_ Date \_\_\_\_\_

**Current 2<sup>nd</sup> Level- SVP Sign-off:** \_\_\_\_\_



**SUPERVISOR TO COMPLETE ALL SECTIONS THAT APPLY**

Please rate your employee on both their quality of work and amount of experience in each area requested. Please use “Comments” space below table for all ratings of “poor”. **Any performance related disciplinary actions, including Performance Improvement Plans, must be attached to this document.**

- General: complete section A
- Clinical: complete sections A and B
- Medical or Nursing: complete sections A, B, and C
- Management: complete all sections that apply, as above, and complete section D

Rated Issue	Cannot Judge	N/A	QUALITY OF WORK				AMOUNT OF EXPERIENCE		
			Excellent	Good	Fair	Poor	High	Moderate	None
<b>A. ALL APPLICANTS</b>									
Productivity									
Quality of Work									
Attendance/Punctuality									
Conduct/Integrity									
Teamwork									
Initiative									
<b>B. FOR ALL DIRECT CARE APPLICANTS</b>									
Assessment									
Treatment									
Individual Therapy									
Group Therapy									
Family/Couples Therapy									
Crisis Intervention									
<b>C. MEDICAL APPLICANTS</b>									
Psychotropic medication knowledge									
Client de-escalation									
Special procedures									
Medical Evaluation									
Discharge planning									
<b>D. FOR ALL MANAGEMENT APPLICANTS</b>									
Staff development									
Hiring									
Staff Discipline									
Program Management									
Risk Management/QI									

FOR CLINICAL AND MEDICAL POSITIONS ALSO PLEASE INDICATE:

Special populations to which above ratings apply:

- child /adolescent                       substance abuse                       Adult  
 elder                       severe persistent mental illness

**Supervisor Comments:** (please use additional page if needed)

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**Signature of Supervisor completing reference:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**New 2<sup>nd</sup> Level- SVP Sign-off:** \_\_\_\_\_