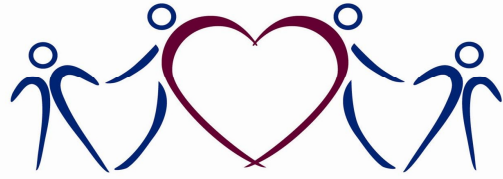


Loring Hospital



Your Family Health Center

EMPLOYMENT APPLICATION

An Equal Employment Opportunity Employer.

We comply with all applicable local, state, and federal civil rights and equal employment laws and regulations

In considering your application for employment, the facility may conduct a detailed and thorough investigation which may include but is not limited to a criminal record check, interviews, and inquiries of prior employers, coworkers, acquaintances, relatives, or friends

PERSONAL INFORMATION

LAST NAME:	FIRST:	MIDDLE:	HOME TELEPHONE NUMBER:
ADDRESS:			CONTACT TELEPHONE NUMBER:
ANY PREVIOUS NAME(S): YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, IDENTIFY ALL OTHER NAMES INCLUDING MAIDEN NAME:			EMAIL ADDRESS:
POSITION APPLIED FOR:		SALARY DESIRED:	BEST TIME TO CONTACT YOU:
DATE AVAILABLE FOR WORK:			
HOW DID YOU LEARN ABOUT THE POSITION: (NEWSPAPER, INTERNET, FRIEND, IF OTHER, PLEASE LIST)			CHECK ALL THAT YOU WOULD CONSIDER WORKING:
RELATIVES OR FRIENDS EMPLOYED IN THIS FACILITY? YES <input type="checkbox"/> NO <input type="checkbox"/> NAME: DEPARTMENT: RELATIONSHIP:			FULL TIME/REGULAR <input type="checkbox"/>
			FULL TIME/TEMPORARY <input type="checkbox"/>
HAVE YOU EVER BEEN EMPLOYED AT THIS FACILITY: YES <input type="checkbox"/> NO <input type="checkbox"/> WHEN?			PART TIME/REGULAR <input type="checkbox"/>
			PART TIME/TEMPORARY <input type="checkbox"/>
ARE YOU A US CITIZEN OR AN ALIEN LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES: YES <input type="checkbox"/> NO <input type="checkbox"/>			WOULD YOU CONSIDER WORKING:
LONG RANGE OCCUPATIONAL GOALS:			WEEKENDS & HOLIDAYS YES <input type="checkbox"/> NO <input type="checkbox"/>
HAVE YOU EVER BEEN CONVICTED OF, OR PLEAD GUILTY TO, A CRIME OTHER THAN A MISDEMEANOR TRAFFIC VIOLATION? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, WHICH STATE(S), AND EXPLAIN: (You are not required to disclose any SEALED or EXPUNGED criminal records)			ROTATING SHIFTS YES <input type="checkbox"/> NO <input type="checkbox"/>
			ON CALL YES <input type="checkbox"/> NO <input type="checkbox"/>
HAVE YOU EVER BEEN INVOLVED IN THE SUBSTANTIATED ABUSE OR NEGLECT OF CHILDREN OR ADULTS UNDER THE LAWS OF THIS OR ANY OTHER STATE OF THE UNITED STATES? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, WHICH STATE(S), AND EXPLAIN:			ANY SHIFT YES <input type="checkbox"/> NO <input type="checkbox"/>
			SHIFT AVAILABILITY: DAYS <input type="checkbox"/> EVENINGS <input type="checkbox"/> NIGHTS <input type="checkbox"/>
HAVE YOU BEEN SANCTIONED, CITED, REPORTED, OR EXCLUDED FROM PARTICIPATION IN MEDICARE, MEDICAID, OR ANY OTHER HEALTHCARE RELATED LAW OR REGULATION? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, EXPLAIN:			ARE YOU 18 YEARS OF AGE OR OLDER: YES <input type="checkbox"/> NO <input type="checkbox"/>

If your answer is "yes" to any of the above, you will not be automatically disqualified from employment consideration, except as required by state or federal law.

EDUCATION/SKILLS

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	LAST YEAR COMPLETED	DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
HIGH			1 2 3 4		
COLLEGE			1 2 3 4		
COLLEGE			1 2 3 4		
OTHER BUSINESS COLLEGE OR SPECIAL COURSES: (Include special military training, post graduate, or nursing)					
AREAS OF SPECIALIZATION OR MAJOR INTEREST:				LIST OFFICE SKILLS INCLUDING COMPUTER EXPERIENCE:	
LIST HEALTH CARE, BUSINESS, OR INDUSTRIAL EQUIPMENT OPERATED:				WORD PROCESSING: (approx WPM)	

PROFESSIONAL LICENSES AND/OR CERTIFICATES

TYPE	LICENSE/CERT #	STATE ISSUED	EXPIRATION DATE	DATE

HAS YOUR LICENSE/CERTIFICATION EVER BEEN SUSPENDED, REVOKED, OR ON PROBATION? YES NO

IF YES, EXPLAIN:

BRIEFLY DESCRIBE DUTIES AND SKILLS ACQUIRED THROUGH MILITARY OR VOLUNTEER SERVICE: (include dates)

WORK EXPERIENCE

PROVIDE INFORMATION REGARDING PREVIOUS EMPLOYMENT BEGINNING WITH THE MOST RECENT EMPLOYER

JOB TITLE:	DATES EMPLOYED:
EMPLOYER NAME:	NAME OF SUPERVISOR:
ADDRESS:	SALARY:
PHONE NUMBER:	MAY WE CONTACT YOUR CURRENT EMPLOYER: YES <input type="checkbox"/> NO <input type="checkbox"/>
DUTIES:	
REASON FOR LEAVING:	

JOB TITLE:	DATES EMPLOYED:
EMPLOYER NAME:	NAME OF SUPERVISOR:
ADDRESS:	SALARY:
PHONE NUMBER:	MAY WE CONTACT THIS EMPLOYER: YES <input type="checkbox"/> NO <input type="checkbox"/>
DUTIES:	
REASON FOR LEAVING:	

JOB TITLE:	DATES EMPLOYED:
EMPLOYER NAME:	NAME OF SUPERVISOR:
ADDRESS:	SALARY:
PHONE NUMBER:	MAY WE CONTACT THIS EMPLOYER: YES <input type="checkbox"/> NO <input type="checkbox"/>
DUTIES:	
REASON FOR LEAVING:	

JOB TITLE:	DATES EMPLOYED:
EMPLOYER NAME:	NAME OF SUPERVISOR:
ADDRESS:	SALARY:
PHONE NUMBER:	MAY WE CONTACT THIS EMPLOYER: YES <input type="checkbox"/> NO <input type="checkbox"/>
DUTIES:	
REASON FOR LEAVING:	
EXPLAIN ANY GAPS IN EMPLOYMENT LONGER THAN THREE (3) MONTHS:	

REFERENCES

LIST AT LEAST THREE (3) PROFESSIONAL/WORK/SCHOOL REFERENCES WHO ARE NOT RELATIVES OR PERSONAL ACQUAINTANCES

NAME AND RELATIONSHIP	TITLE	COMPANY NAME/ADDRESS	TELEPHONE

SIGNATURE

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete. I understand that false or misleading representation or omissions made on the application or during the hiring process may disqualify me from further consideration for employment and may result in discharge even if discovered at a later date.

I understand that employment may be conditional upon successfully passing a medical examination and that I may be required to satisfactorily complete a drug screening as a condition of employment.

I hereby authorize persons, schools, my current employer (if applicable) and previous employers and other organizations to provide this facility and its affiliates with any requested information regarding my application or suitability for employment, and I completely release all such persons or entities from any and all liability related to the providing or use of such information.

I understand that my employment is at will, which means that I may terminate the employment relationship at any time and for any reason with or without notice, and that the facility has the same right. I understand that no one has the authority to enter into any agreement contrary to the preceding sentence, except for a written agreement signed by an administrative representative of this facility and notarized.

DATE:

SIGNATURE:

FOR OFFICE USE ONLY

HIRED:	YES	NO	REFERENCES CHECKED BY:
REFERENCE #1:		REFERENCE #2:	REFERENCE #3:
DATE:		DATE:	DATE:
NOTES: (keep all information factual)			
IF APPLICANT IS 18 YEARS OLD OR LESS: IS PROOF OF AGE ON FILE: YES NO			INTERVIEWER'S SIGNATURE:
STARTING DATE:		COMPLETION OF EVALUATION PERIOD: DATE: APPROVED BY:	
DEPARTMENT:		SIGNATURE:	
POSITION/JOB TITLE:		FULL TIME <input type="checkbox"/>	ON CALL STATUS <input type="checkbox"/>
		PART TIME <input type="checkbox"/>	ROTATION <input type="checkbox"/>
STARTING SALARY/GRADE:	DIFFERENTIAL:	SHIFT:	EMPLOYEE NUMBER:
NOTIFY IN CASE OF AN EMERGENCY: NAME:			
RELATIONSHIP:			
ADDRESS:			
TELEPHONE:			