



**Caribou Memorial
Hospital
Application for Employment
Our Organization is an Equal Opportunity Employer**

This application is current for only ninety (90) days, at the conclusion of which time, if you have not heard from us and still wish to be considered for employment, it will be necessary for you to fill out a new application.

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application blank. **PLEASE PRINT**, except for signature on back of Application. All information given will be available only to persons who have a "need to know" or as required by law. This company will make reasonable accommodation in the application process, if needed.

LEGAL NAME (print) _____ DATE ____/____/____
Last First Initial

PRESENT ADDRESS _____ TEL. NO. _____
No. Street City State Zip Day Evening

Position applied for? _____ When are you available for employment? ____/____/____

Which type of employment are you seeking: Full-time Part-time PRN/Temporary or Summer

RECORD OF EMPLOYMENT

1. Name of Current/Most Recent Employer		Address	Telephone	Type of Business
Dates of Employed <small>From To</small> <small>Mo. Yr. Mo. Yr.</small>		Reason for Leaving		Supervisor's Name and Title
List the jobs you held, duties performed, skills used or learned, advancements or promotions.				

May we contact your current employer? YES NO

2. Name of Next Previous Employer		Address	Telephone	Type of Business
Dates of Employed <small>From To</small> <small>Mo. Yr. Mo. Yr.</small>		Reason for Leaving		Supervisor's Name and Title
List the jobs you held, duties performed, skills used or learned, advancements or promotions.				

3. Name of Next Previous Employer		Address	Telephone	Type of Business
Dates of Employed		Reason for Leaving		Supervisor's Name and Title
From	To			
Mo. Yr.	Mo. Yr.			
List the jobs you held, duties performed, skills used or learned, advancements or promotions.				

4. Name of Next Previous Employer		Address	Telephone	Type of Business
Dates of Employed		Reason for Leaving		Supervisor's Name and Title
From	To			
Mo. Yr.	Mo. Yr.			
List the jobs you held, duties performed, skills used or learned, advancements or promotions.				

Have you been convicted of a felony during the last 7 years or convicted of any other offense during the last 2 years? YES NO
(A conviction will not necessarily disqualify an applicant.)

If YES, please explain: _____

Are you over 18 years of age? YES NO

Are you legally eligible for employment in the United States? YES NO

(Federal Law requires proof of identity and employment authorization for all new employees.)

For Driving Job Only: Do you have a valid driver's license? YES NO License Number and State Issued: _____

EDUCATION (Circle last year completed)	SCHOOL NAME	MAJOR SUBJECTS
High School 1 2 3 4	_____	_____
College 1 2 3 4	_____	_____
Other Job-related Education	_____	_____

PROFESSIONAL LICENSE(S)/CERTIFICATION(S)	ISSUED BY	LICENSE/CERTIFICATION NUMBER	DATE ISSUED
TYPE			____/____/____
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____

This Employment Application is used to notify me that the nature and scope of an investigation, if one is conducted, could include such general identification information as residence verification, and, as applicable, information concerning my employment, education, general reputation, character, personal characteristics, and habits, and that such information may be developed through personal interviews with third parties such as family members, neighbors, friends associates, former employers, educational institutions, custodians of official records or other sources. Only job-related information developed from such a report will be considered in evaluating my employment application or continued employment. I hereby authorize these persons, companies, organizations or corporations to answer all questions or release any information regarding the items listed in this paragraph. I hereby release them from any liability and hold them harmless from any claim for releasing any truthful information regarding the items listed in this paragraph. I hereby release them from any liability and hold them harmless from any claim for releasing any truthful information within their knowledge and/or records.

I authorize the Company to release to any person, firm, entity or organization with which I may seek employment in the future, any truthful information concerning my work experience with the Company. I hereby release and hold the Company harmless from any claim for releasing any truthful information within its knowledge and/or records.

I understand that any job offer that may be extended to me will be contingent upon the successful completion of a drug and alcohol test.

I certify that the answers given by me to the foregoing questions and during any interviews are true and correct without consequential omissions, and understand that, if employed, omissions and/or false statements on this application or during any interviews may result in dismissal. **I understand and acknowledge that, if hired, my employment is for no definite period and either the Employer or I may terminate our relationship at will at any time, without notice or any reason, and that this employment application does not constitute an employment contract. I have had an opportunity to have my questions about this statement's content and intent answered and understand its terms.**

Signature of Applicant

____/____/____
Date



**Caribou Memorial
Hospital**

References

Please provide us with three **professional** references, this means people that you have worked with. For example, co-workers and supervisors are acceptable. If you don't have three professional references, you can use a personal reference but they **cannot** be family members which includes in-laws. Personal references are limited to **one**, with the remaining being professional references. Please return this list with your completed application.

Reference #1

Name: _____ Phone number: _____

Relationship to you (supervisor, co-worker, personal, ect): _____

If this is professional reference, where did you work with this person? _____

Reference #2

Name: _____ Phone number: _____

Relationship to you (supervisor, co-worker, personal, ect): _____

If this is professional reference, where did you work with this person? _____

Reference #3

Name: _____ Phone number: _____

Relationship to you (supervisor, co-worker, personal, ect): _____

If this is professional reference, where did you work with this person? _____

Reference #4 (optional)

Name: _____ Phone number: _____

Relationship to you (supervisor, co-worker, personal, ect): _____

If this is professional reference, where did you work with this person? _____