

FRANKLIN COMMUNITY HEALTH NETWORK
ONE ELEVEN FRANKLIN HEALTH COMMONS, FARMINGTON, MAINE 04938

APPLICATION FOR EMPLOYMENT

We are an Equal Opportunity Employer and maintain a policy that there will be no discrimination based on age, race, color, national origin, sex, religion or mental/physical disabilities in employment. We are required to send the Maine Department of Human Services the name, address and social security number of all newly hired or rehired employees.

Name _____ Date _____
First Middle Initial Last

Address _____
Street or Box Number Town State Zip

Telephone _____ What are the best hours to reach you? _____
Cell phone # _____ Email _____

Have you worked at FCHN before? Yes No Social Security # _____

If yes, give dates, department, title _____

Position(s) applying for _____ Available to start _____

Have you ever been convicted of any criminal offense, including traffic offenses such as Operating Under the Influence (OUI), theft or do you have any criminal charges pending against you? ___ Yes ___ No
If yes, explain.

How did you hear about this position ___ Newspaper ___ Website ___ Friend ___ Other

Will accept any shift? Yes No Full-time _____ Part-time _____ Temp. _____ Summer _____

Shift preference: Days _____ Evenings _____ Nights _____

Hours and days available: _____

EDUCATION

Name / Location Highest Grade Completed Degree/Certificate - Date

REQUIRED

High School Diploma or GED

College

Other

Other

SPECIALIZED QUALIFICATIONS

Professional Licenses or Certificates _____

License # _____ License Expiration Date _____

Other Special Skills or Qualifications _____

WORK EXPERIENCE

List all prior employment for at least the previous ten years, beginning with the most current.

Employer _____ Dates From _____ to _____

Position Held _____ Department _____

Basic Job Duties _____

Reason for Leaving _____ Ending Pay _____

Supervisor _____ Employer's Address & Ph. # _____

Employer _____ Dates From _____ to _____

Position Held _____ Department _____

Basic Job Duties _____

Reason for Leaving _____ Ending Pay _____

Supervisor _____ Employer's Address & Ph. # _____

Employer _____ Dates From _____ to _____

Position Held _____ Department _____

Basic Job Duties _____

Reason for Leaving _____ Ending Pay _____

Supervisor _____ Employer's Address & Ph. # _____

CONDITIONS OF EMPLOYMENT

All facts given in this employment application are true and complete. I understand that if employed, any false or omitted information shall be considered sufficient cause for a misconduct discharge.

IT IS THE POLICY OF FCHN TO CONTACT EMPLOYMENT REFERENCES BEFORE EMPLOYMENT. MAY WE CONTACT ALL LISTED EMPLOYERS? [] Yes [] No

If no, indicate the employer(s) by name and state the reason.

I authorize the employers listed to give you any and all information concerning my previous employment and any pertinent information they may have – personal or otherwise, and release all parties from all liability for any damage that may result from furnishing the same to you.

The needs of the FCHN may require changes in my work schedule. I accept this as a condition of employment. I understand that my employment is for no definite period of time, and if terminated, the FCHN is liable only for wages and salary earned as of the date of termination.

In consideration of my employment, I agree to conform to the rules and regulations of the FCHN, and my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the FCHN or myself. I understand that no manager or representative of the FCHN, other than the Chief Executive Officer, has any authority to enter into any agreement for employment for a specified period of time, or to make any agreement contrary to the foregoing.

I HAVE READ AND FULLY UNDERSTAND THE FOREGOING STATEMENT. (A copy of this statement is available upon request).

Date: _____ **Signature:** _____