

**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. # \_\_\_\_\_

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Employer \_\_\_\_\_ Dates From \_\_\_\_\_ to \_\_\_\_\_

Position Held \_\_\_\_\_ Department \_\_\_\_\_

Basic Job Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ Ending Pay \_\_\_\_\_

Supervisor \_\_\_\_\_ Employer's Address & Ph. # \_\_\_\_\_

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Employer \_\_\_\_\_ Dates From \_\_\_\_\_ to \_\_\_\_\_

Position Held \_\_\_\_\_ Department \_\_\_\_\_

Basic Job Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ Ending Pay \_\_\_\_\_

Supervisor \_\_\_\_\_ Employer's Address & Ph. # \_\_\_\_\_

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**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.

\_\_\_\_\_

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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:** \_\_\_\_\_