

- Maine Mental Health Partners
- Spring Harbor Hospital
- Community Counseling Center



- Spring Harbor Community Services
- Integrated Behavioral Healthcare
- _____

APPLICATION FOR EMPLOYMENT

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Position applied for: _____ Date: _____

Referral Source: Advertisement - which one/where: _____ Employee _____
 Relative Walk-in Website Other _____

Name - Last	First	Social Security Number	
Address - Street	City	State	Zip Code
Telephone Number	Birth Date (if under 18)		

Type of Employment Desired: Full-Time Part-Time Per Diem Temporary Summer

Times Available to Work: Days Evenings Nights Weekends

Population(s) Desired: Adult Adolescents Children Developmental Disabilities

Do you realize it may be necessary for you to work weekends, holidays or shift rotations? Yes No

Date available to start: _____ Have you worked for us before? Yes, When: _____ No

Have you ever worked for the MaineHealth System during the past 5 years? Yes No

If yes where: _____

Have you read the position description and do you understand all of the requirements of the position for which you are applying? Yes No

Are you eligible to work in this country? Yes No

Have you ever been convicted of, or are you presently charged with:

- Yes No A felony, crime or misdemeanor?
If yes, describe: _____
- Yes No Any crime involving a sex offense, an assault, or the use of force or a weapon?
If yes, describe: _____
- Yes No Any crime involving the use, possession, or furnishing of drugs or hypodermic syringes?
If yes, describe: _____
- Yes No Reckless driving, operating a motor vehicle while under the influence, or driving to endanger?
If yes, describe: _____

EDUCATION

Name of School	Address of School	Major	Diploma/Degree/Certificate	Year(s) Attended
High School				
College				
Post Graduate				
Commercial/Technical				

This section to be completed by RNs, LPNs, Psychologists, Occupational Therapists and Social Workers

Are you registered/licensed in this state? Yes No Are you licensed / certified in any other states? Yes No

Registration Number: _____ If yes, which state(s): _____

Expiration Date: _____ Registration Number: _____

This section to be completed by Clerical and Secretarial Applicants Only

Typing Skills: Yes No If yes, WPM: _____ Word Processing: Yes No

Office Machines: Yes No If yes, what types: _____ What programs: _____

PRIOR WORK HISTORY (list in order, last or present employer first)

1	Employer	Dates: From _____ To _____
	Address	Telephone No. _____
	Position Held (Job Title)	Rate of Pay _____
	Supervisor's Name and Title _____	
	Reason for Leaving _____	
	Describe the Work You Did: _____	

2	Employer	Dates: From _____ To _____
	Address	Telephone No. _____
	Position Held (Job Title)	Rate of Pay _____
	Supervisor's Name and Title _____	
	Reason for Leaving _____	
	Describe the Work You Did: _____	

3	Employer	Dates: From _____ To _____
	Address	Telephone No. _____
	Position Held (Job Title)	Rate of Pay _____
	Supervisor's Name and Title _____	
	Reason for Leaving _____	
	Describe the Work You Did: _____	

May we contact all the employers listed above? 1st 2nd 3rd

Please use this space to summarize additional information that would be helpful in assessing your qualifications.

APPLICANT'S CERTIFICATION AND AGREEMENT

(Please read carefully)

In the event of a work injury, the company has my consent for treatment. In the event that I am photographed during the course of my employment, the company has my permission to use any or all photos for various company public relations releases. I also grant permission for the company to contact all references unless otherwise indicated, and for prior employers to release any information pertaining to my employment history.

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and that my employment status depends upon the results of an evaluation period. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal. I understand the company's No Smoking Policy.

Date _____ Applicant's Signature _____

FCRA NOTICE AND ACKNOWLEDGMENT
IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT

NOTICE REGARDING BACKGROUND INVESTIGATION

Maine Mental Health Partners (“the Company”) may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include, but is not limited to: employment and education verifications; social security number verification; criminal and civil court records; personal interviews; driving records; and/or any other public records or any other information bearing on your character, general reputation, personal characteristics and trustworthiness. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report.

The report will be generated by Universal Background Screening (4000 North Central Avenue, Suite 1000, Phoenix, AZ 85012, 1-877-263-8033) or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York applicants only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION (above) and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT (separate document) and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Universal Background Screening, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile (“fax”) or photographic copy of this Authorization shall be as valid as the original.

Minnesota and Oklahoma applicants only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. []

Applicants of New York Employers only: I acknowledge that by signing below, I have also received a copy of Article 23-A of the New York Correction Law, in compliance with Article 25 Section 380-g of the New York General Business Law.

California applicants only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law. []

Signature

Date

Full Name (First/Middle/Last)

Social Security Number (SSN)

Date of Birth

Driver License State / Number