Human Resources Employment Application

Name Last First Middle | Social Security No. | Today's Date

Address Number/Street City | State | Zip Code

Tel: _____ E-mail address: _____

Were you referred to by:

☐ Employee ☐ Advertisement ☐ School ☐ Agency ☐ Walk-in ☐ Home Page ☐ Other:

Position Desired: _____ ☐ Full Time ☐ Part Time ☐ Temporary ☐ Perdiem

Date of Birth if under 19 yrs. | Date available to start work | What days can you work? | What hours can you work?

Are you a U.S. citizen or legally authorized to work in the U.S? ☐ Yes ☐ No

Do you realize that it may be necessary for you to work weekends, holidays or rotation of shift ☐ Yes ☐ No

EDUCATION RECORD: IF YOUR EMPLOYMENT/EDUCATION RECORDS ARE UNDER ANOTHER NAME, PLEASE SPECIFY:

	Name of school	Address	Years Completed	Major Course	Diploma/Degree
High School:			1 2 3 4		
College:			1 2 3 4		
Technical/Trade:			1 2 3 4		

EMPLOYMENT RECORD - START WITH MOST RECENT OR CURRENT

Have you ever worked for Goodall Hospital or any of its affiliates before? (including, but not limited to, Mt. View Acres, Mayflower Place, Goodall Health Partners, Newton Center, Pavilion, Hillcrest Gardens, June Street Pharmacy, Goodall Express, The Medical Group) ☐ No ☐ Yes, When: _____ through _____

1) Employer _____ From Mo/Yr To Mo/Yr Position/Duties Reason for leaving

Street/No. _____

City: _____ State _____

Tel: _____ Zip Code _____ Salary _____

Supervisor: _____

Are you currently employed? ☐ Yes ☐ No

If yes may we contact your current employer? ☐ Yes ☐ No

2) Employer _____ From Mo/Yr To Mo/Yr Position/Duties Reason for leaving

Street/No. _____

City: _____ State _____

Tel: _____ Zip Code _____ Salary _____

Supervisor: _____

Are you currently employed? ☐ Yes ☐ No

If yes may we contact your current employer? ☐ Yes ☐ No

3) Employer _____ From Mo/Yr To Mo/Yr Position/Duties Reason for leaving

Street/No. _____

City: _____ State _____

Tel: _____ Zip Code _____ Salary _____

Supervisor: _____

Are you currently employed? ☐ Yes ☐ No

If yes may we contact your current employer? ☐ Yes ☐ No

I hereby authorize Goodall Hosital and its agents to contact and obtain information and records from any of the individuals or employers listed above except for my current employer if I have so indicated.

I also hereby authorize Goodall Hospital and its agents to make reasonable inquiry of and obtain information and records from law enforcement agencies, professional associations and other entities in order to make an assessment of my character and fitness for the position for which I am applying. In connection with Goodall Hospital's investigation of my prior work history and character, I hereby waive any and all rights I may have against Goodall Hospital and any of the persons and entities it contracts.

Signature _____ Date _____

IF LICENSING IS REQUIRED FOR THE POSITION APPLIED FOR, (COMPLETE THIS SECTION)

License type profession: _____ License Number: _____ State: _____ Expiration Date: _____

IF CERTIFICATION IS REQUIRED FOR THE POSITION APPLIED FOR, (COMPLETE THIS SECTION)

Type of Certification: _____ Cert. No.: _____ Assoc. _____ Expiration Date: _____

If you are not licensed/certified have you applied ☐ Yes ☐ No Date applied: _____

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ALL APPLICANTS

Please place a check mark next to the skills you have:

- ☐ Typing _____ wpm
- ☐ Word Processing
- ☐ Bookkeeping
- ☐ Dictaphone
- ☐ Switchboard
- ☐ Transcription
- ☐ Filing
- ☐ Medical Terminology

Please list computer skills:

_____

_____

_____

_____

Please list in this section any other skills or special training you may have received that is not listed elsewhere on this application, i.e., cooking, floor refinishing, supervisory skills, maintenance, etc: _____

_____

TERMS AND CONDITIONS OF EMPLOYMENT

1. Do you understand that willfully making false statements on this application may result in discharge at the sole discretion of Goodall Hospital? ☐ Yes ☐ No
2. Do you understand that due to the nature of the services we provide, an exceptional record of attendance, promptness, and dependability is required of all hospital employees? ☐ Yes ☐ No
3. Do you understand that following a job offer, employment is contingent upon the results of a Health Screening examination, satisfactory education, prior employment and reference verification? ☐ Yes ☐ No
4. Do you understand the first 3 months of employment at Goodall Hosptial will be considered an introductory period - and that employment may be terminated during the period by either the employee and/or employer without prejudice and with no eligibility for accrued benefits or service pay? ☐ Yes ☐ No
5. In answering the following questions, you may omit any information or answer "no record" with regard to any conviction that has been annulled by a court or for which there is a sealed record on file with the Commisioner of Probation. You may omit first convictions for drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace.

   a. Have you ever been convicted of a felony? ☐ Yes ☐ No
   If "yes" give dates and details and respond to questions C. Date: _____
   b. Have you been convicted of a misdemeanor within the last five years? ☐ Yes ☐ No
   If "yes" give dates and details. Date: _____
   c. If you answered yes to questions a or b above, have you been convicted of a misdemeanor more than five years ago? ☐ Yes ☐ No
   If "yes" give dates and details and respond to questions c. Date: _____

A conviction record will not necessarily be a bar to employment. Factors such as your age when the offense occurred, the recentness of the offense, the seriousness and nature of the violation, the nature of the position applied for, and any rehabilitation undergone may be taken into account.

PLEASE READ THIS STATEMENT CAREFULLY BEFORE SIGNING

I agree to a Health Screen at Goodall and in the event of a work injury, the hospital has my consent for such medical treatment or procedures as its staff and employees may deem necessary in emergency circumstances in the Emergency Room. In the event I am photographed during the course of my employment, the hospital has my permission to use any and all photos for various public relation purposes.

I acknowledge and agree that just as I am free to terminate my employment with Goodall Hospital at any time at my sole discretion, my employment may also be terminated by the hospital at any time at it's sole discretion.

Signature: _____ Date: _____

The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age. These applications will be kept on file for 6 months.

"We are an Equal Opportunity Employer" as outlined in the Federal Civil Rights Act of 1964 and the State of Maine Human Rights Act - 7/1/1972 and the Rehabilitation Act of 1973.

In compliance with the Immigration Reform & Control Act, if this application results in employment you will be required to provide proof of identity and authorization to work in the U.S. within 3 days of employment.

ADMINISTRATIVE USE:

☐ Regular ☐ Temporary No. of hours weekly_____ ☐ Per Diem Shift: _____

Hourly rate of pay $_____ Cost Center: _____ Date to begin work: _____

Orientation date: _____

Director/Manager Signature: _____ Date: _____