

Goodall Hospital Job Application

Today's Date: _____

Name: _____
Last First Middle

Social Security Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone number: _____

Email address: _____

Were you referred by: _____

Position Desired: _____

Full Time Part Time Temporary Per Diem

Date of Birth (if under 19) _____ Date Avail. 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 it may be necessary for you to work weekends, holidays or rotating shifts? Yes No

Educational Record:

If your employment/education records are under another name,

please specify: _____

	Name of School	Address of School	Years Completed	Major	Diploma/Degree
High School					
College					
Tech. or Trade School					
Other					

Employment Record:

1. Employer: _____ From Mo/Yr _____ to Mo/Yr _____

Address: _____

City: _____ State: _____ Zip: _____

Position and Duties: _____

Salary: _____ Supervisor: _____

Reason for Leaving: _____

Are you currently employed? Yes No

If Yes, may we contact your current employer? Yes No

2. Employer: _____ From Mo/Yr _____ to Mo/Yr _____

Address: _____

City: _____ State: _____ Zip: _____

Position and Duties: _____

Salary: _____ Supervisor: _____

Reason for Leaving: _____

May we check your references? Yes No

3. Employer: _____ From Mo/Yr _____ to Mo/Yr _____

Address: _____

City: _____ State: _____ Zip: _____

Position and Duties: _____

Salary: _____ Supervisor: _____

Reason for Leaving: _____

May we check your references? Yes No

By submitting this application you hereby authorize Goodall Hospital 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 entitled 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 have against Goodall Hospital and any of their person's and entities it contacts.

If Licensing is Required for the Position Applied for, (COMPLETE THIS SECTION)

License Type Profession: _____

License Number: _____

State: _____ Exp. Date: _____

If Certification is Required for the Position Applied for, (COMPLETE THIS SECTION)

Certification Type Profession: _____

Certification Number: _____

Association: _____ Exp. Date: _____

If not licensed/certified, have you applied? Yes No Date Applied: _____

ALL Applicants

Please place a check mark next to the skills you have

Typing _____ WPM Dictaphone Transcription Word Processing
 Switchboard Filing Bookkeeping Medical Terminology

Please list software knowledge: _____

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 know of any reason why, with or without reasonable accommodation, you cannot perform the

essential functions of the job for which you are applying? Yes No

2. Do you understand that willfully making false statements on this application may result in discharge, at the sole discretion of Goodall Hospital? Yes No

3. 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

4. Do you understand that following a job offer, employment is contingent upon the result of a Health Screening examination, satisfactory education, prior employment and reference verifications? Yes No

5. Do you understand that the first 3 months of employment at Goodall Hospital will be considered an introductory period - and that employment may be terminated during this period by either the employee and/or the employer without prejudice and with no eligibility for accrued benefits or service pay?
 Yes No

6. 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 Commissioner of Probation. You may omit first convictions for drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace.

1. Have you ever been convicted of a felony? Yes No
If yes, give dates and details and respond to question 3

2. Have you ever been convicted of a misdemeanor within the last five years?
 Yes No
If yes, give dates and details and respond to question 3

3. If you answered yes to questions 1 or 2 above, have you been convicted of a misdemeanor more than five years ago?
 Yes No If yes, give dates and details.

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 Submitting Your Application

I agree to a Health Screen at H.D. Goodall Hospital 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 Unit. 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 relations 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 its sole discretion.

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 one year.

"We are an Equal Opportunity Employer" as outlined in the Federal Civil Rights Act of 1964 and the State of Maine Human Rights Act - 7/1/72 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 US within 3 days of employment.

Signature:_____

Administrative Use:

Regular Temporary Number of Hours Weekly _____

Per Diem_____ Shift_____

Hourly Rate of Pay_____ Cost Center_____

Date to Begin Work_____ Orientation Date_____