

Application for Employment



Redington-Fairview General Hospital

46 Fairview Avenue, P.O. Box 468, Skowhegan, Maine 04976
Tel.: 207-474-5121 Fax: 207-474-7004 Web: www.rfgh.net

Equal Opportunity Employer

Name: _____ Social Security #: _____
Last First Middle

Address: _____
Street City State Zip

Telephone #: _____ Mobile/Beeper/Other Phone #: _____ E-mail Address: _____

Position(s) applied for: _____ Date of Application ____/____/____

Referral Source (Please check the appropriate category and name the source.)

- | | |
|---|--|
| <input type="checkbox"/> Walk-in _____ | <input type="checkbox"/> School _____ |
| <input type="checkbox"/> Employee _____ | <input type="checkbox"/> Job Fair _____ |
| <input type="checkbox"/> Newspaper Ad _____ | <input type="checkbox"/> Staffing Agency _____ |
| <input type="checkbox"/> Website _____ | <input type="checkbox"/> Other Internet Site _____ |
| <input type="checkbox"/> Radio/TV Ad _____ | <input type="checkbox"/> Other _____ |

If necessary, best time to call you at home is _____ AM/PM Will you relocated if job requires it? Yes No

May we contact you at work? Yes No Will you travel if job requires it? Yes No

If yes, work #: _____ Best time to call: _____ AM/PM Will you work overtime if required? Yes No

Birth date if under age 16: ____/____/19____ If no, please explain: _____

What days can you work? SUN M T W TH F SAT _____

Have you submitted an application here before? Yes No _____

If yes, give date(s) and position(s) _____ Driver's license number is required if driving is part of the job for

_____ which you are applying: _____ State: _____

Have you ever been employed here before? Yes No Have you ever been bonded? Yes No

If yes, give dates of employment: Answering "yes" to the above question does not constitute an automatic bar to

From: ____/____/____ To: ____/____/____ employment. Factors such as date of offense, seriousness and nature of the

Are you legally eligible for employment in this country? Yes No violation, rehabilitation and position applied for will be taken into account.

Date available to begin work: ____/____/____

What is your desired salary range or hourly rate of pay?
 \$ _____ Per _____

Have you ever pled "guilty" or "no contest" to, or been convicted of, a crime? Yes No

Type of employment desired:
 Full-Time Part-Time
 Per Diem Temporary

If yes, please provide date(s) and details below.

Type of work schedule interested in (check all that apply)
 Days (1st shift) Evenings (2nd shift) Nights (3rd shift)
 Weekends Rotating Shifts Overtime

<i>EDUCATION AND TRAINING</i>			
Name of School and Address	No. of Years	Course/Major	Diploma/Degree

<i>PROFESSIONALS AND TECHNICAL APPLICANTS ONLY</i>			
Professional License No./Certification	Type of License	Place of Issue	Expiration Date

If you are licensed, has your license ever been suspended or revoked, or are you currently involved in any proceeding that could affect your license or certification? Yes No

If yes, please give date, location, and disposition of your case: _____

To what job-related organizations (professional, trade, etc.) do you belong? Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

Organization	Office Held

Please use the space below for any additional information necessary to describe your full qualifications (i.e., specialty areas such as ICU, OB/GYN, special equipment, typing speed, computer software programs, etc.).

List special accomplishments, publications, awards, etc. Exclude information that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

Is there any other job-related information you want us to know about you? _____

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete, and correct. I understand that any offer of employment I receive will be contingent on passing a **job-related physical examination** and/or **satisfactory completion of a background examination**.

I understand that the first five (5) weeks of employment at Redington-Fairview General Hospital will be a period of probation and/or adaptation, and that employment may be terminated during this period by either the employee and/or employer without prejudice and with no eligibility for accrued benefits or severance pay.

I understand that the employment relationship between the hospital and employee can be terminated at the will of either party or any time and no one is empowered to alter the relationship by any subsequent oral representation.

I **expressly authorize**, without reservation, the employer, its representatives, employees or agents, to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions, and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process, and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by the applicable local, state or federal law. Redington-Fairview General Hospital is an Equal Opportunity Employer.

I understand that this application remains current for one year on file. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to call and update this application or fill out a new application.

Redington-Fairview General Hospital hires only individuals lawfully authorized to work in the United States.


I also understand that if I am hired, I will be required to provide two proofs of identity (one Picture) and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) eliminate me from further consideration for employment, or (2) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant: _____ Date: _____/_____/_____

 FOR HOSPITAL USE ONLY	
Date Interviewed: _____/_____/_____	By: _____
Rate of Pay: Hour _____ Annual _____	Date to start work: _____/_____/_____
Code: _____	Step: _____
Department: _____	
Position: _____	Shift: _____
Approved by: _____ (Human Resources Director)	Date: _____/_____/_____
Comments: _____	