

MOUNT DESERT NURSING ASSOCIATION
12 SUMMIT ROAD, P.O. BOX 397
NORTHEAST HARBOR, MAINE 04662-0397

AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

Date of Application _____ Date Available to Start Work _____

Position Applied For _____

Name _____

Address _____

Telephone# _____ Cell phone # _____

Email _____

Referral Source: Advertisement Friend Relative
 Agency Other _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Are you in the U.S. on a Green Card Status? Yes No

(Proof of citizenship or immigration status may be required upon employment.)

EDUCATIONAL RECORD

SCHOOL	Name of School	City	Major Course or Subject	Did You Graduate? Degree?
HIGH SCHOOL	_____	_____	_____	_____
COLLEGE	_____	_____	_____	_____
OTHER	_____	_____	_____	_____

Can you travel if a job requires it? Yes No

Do you have a personal vehicle that can be used for work? Yes No

RECORD OF EMPLOYMENT

Beginning with your present or last position list the last two jobs you have had.

Name of Employer _____
Address _____
Telephone _____ Type of Business _____
Dates Employed From _____ To _____
Name of Supervisor _____
May we contact now? Yes No
Reason for Leaving _____
Brief Description of Duties _____

Name of Employer _____
Address _____
Telephone _____ Type of Business _____
Dates Employed From _____ To _____
Name of Supervisor _____
May we contact now? Yes No
Reason for Leaving _____
Brief Description of Duties _____

1. Have you ever been found guilty of a crime? Yes _____ No _____ If yes, please explain. _____
2. Have you ever been convicted of a sex-related offense? Yes _____ No _____
3. Have you ever been convicted of an elder-abuse or child-abuse related offense?
Yes _____ No _____
4. Have you ever had your RN license suspended or revoked? Yes _____ No _____
Do you have any disciplinary action pending against your nursing license?
Yes _____ No _____ If yes, please explain. _____

5. Have there ever been any professional liability or work-related claims made against you in the past? Yes _____ No _____ If yes, please explain. _____
Are there any professional liability claims or work-related claims pending against you?
Yes _____ No _____ If yes, please explain. _____

References:

Contact Name	Name of company & address	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Special Interests: _____

Agreement:

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant _____ Date _____