



Katahdin Valley Health Center

P.O. Box 500
Patten, ME 04765

207-528-2285
www.kvhc.org

APPLICATION FOR EMPLOYMENT

KVHC is an Equal Opportunity Employer

Position Applying For _____ Date of Application _____

Last Name _____ First Name _____ Middle Name _____

Street Address _____ City _____ State _____ Zip Code _____

Telephone Number _____ Date of Birth _____ Place of Birth _____ Social Security Number _____

Licensing -- List all, including CPR

State	Type	License Number	Expiration	Status

Have you ever been employed with us before? If yes, give date: _____ Yes No

Are you currently employed? Yes No

May we contact your current employer? Yes No

If no, explain why: _____

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

Proof of Citizenship or immigration status will be required upon employment.

Have you ever been convicted of a felony? Yes No

If yes, please explain: _____

Have you ever had clinical privileges at any facility suspended or terminated? Yes No

If yes, please explain: _____

Have you ever been excluded, suspended or otherwise sanctioned by Medicare or Medicaid? Yes No

Do you have any relatives employed with KVHC? Yes No

If yes, who? (Specify relationship) _____

If chosen for this position, what date are you available to begin work? _____

Education

	Name/Address of School	Course of Study	# of years completed	Degree
Elementary School				
High School				
College				
Other: _____				

Describe any specialized training, apprenticeships, job-related skills, and extracurricular activities.

List professional, trade, business, or civic activities and offices held.

(You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status)

Military Service

(List the service you were enlisted in, type of discharge you received and any commendations received. A copy of your DD-214 is required.)

Employment Information

List all employment for the past 10 years. Start with your present or last job. Include any job related military services assignments and volunteer activities. You may exclude any organization, which indicate race, color, religion, gender, national origin, disabilities or other protected status. If you need more room, please add to a plain piece of paper and attach.

Employer	Dates Employed	Job Duties
Address		
Telephone #	Hourly Pay Starting	Hourly Pay Final
Job Title	Supervisor	Reason for Leaving

.....

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Telephone #	Hourly Pay Starting	Hourly Pay Final
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Professional Work or Clinical References

1.

Name

Phone Number

Address

2.

Name

Phone Number

Address

3.

Name

Phone Number

Address

4.

Name

Phone Number

Address

Applicant's Statement

I hereby certify that the answers given herein are true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of KVHC.

I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with this organization is of an "at-will" nature, which means that the Employer may discharge Employee at any time with or without cause. It is further understood that this "at-will" employment relationship may not be changed by any person at KVHC.

I authorize the Katahdin Valley Health Center to complete a thorough investigation into my background. This will include a National Practitioner Data Bank Report, Maine State Criminal Background Investigation, communicating with any employer (unless specified on page 1), school, or military institution that I have listed on this application. I authorize Katahdin Valley Health Center to complete a reference check with the persons named as references concerning my skills, character, and responsibility. I authorize KVHC to receive transcript, grade average, and additional educational verification from any Educational Facility I have listed above. I understand that a pre-placement physical will need to be completed in the event of an offer of employment (at no charge to myself).

I hereby release from liability the Katahdin Valley Health Center and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

Signature of Applicant

Date