



We appreciate your interest in our organization. Please take a few minutes to learn more about Katahdin Valley Health Center before completing your application.

Katahdin Valley Health Center (KVHC) is a National Committee for Quality Assurance (NCQA) Level 3 Patient-Centered Medical Home (PCMH) as well as an accredited PCMH organization through the Accreditation Association for Ambulatory Health Care since January 2014. Its mission: to provide community accessible, quality healthcare with compassion and dignity.

KVHC's Patient-Centered Medical Home model offers integrated, comprehensive, and affordable healthcare for the whole family in all the communities it serves.

We opened our first health center in 1974 and have grown to nine health centers, serving approximately 20,824 patients per year. We are one of the largest Federally Qualified Health Center organizations in northern Maine and we are known as one of the highest performing non-profit health center organizations in the state. Katahdin Valley Health Center clinics are designated as National Health Service Corps (NHSC) loan repayment sites.



Our network of clinics offers a full range of integrated comprehensive primary care for people of all ages regardless of their ability to pay. We are focused on providing higher quality for lower costs while maximizing both the patient's and the practitioner's experience of care. We serve patients in Aroostook, Penobscot, and northern Piscataquis County. The service area is comprised of 60 municipalities, covering an area of 6,335 square miles. The service area is larger than the State of Rhode Island and Delaware combined! Community Health Centers play a large role in Maine – statistics show 1 in 6 people in Maine utilize FQHC's.

Technology and security is a high priority; the practices utilize cutting edge services, equipment, and supports. We pride ourselves on maintaining state of the art facilities, with a strong focus on brand recognition.

At Katahdin Valley Health Center, we believe in providing our employees with a place to grow professionally in an environment that is both challenging and rewarding. We seek to recruit and retain outstanding candidates for each position within our organization, and we view all of our dedicated employees as a living embodiment of our Mission.

Equal Opportunity Employer. No applicant will be prohibited based on race, color, national origin or ancestry, age, physical or mental, disability, genetic information or predisposition, gender identity, sex, sexual orientation, marital status, parental status, pregnancy, religion or faith, political beliefs, citizenship, veteran's status, protected activity under the Maine Whistleblowers Protection Act, and filing a prior claim under the Workers Compensation Act.



KVHC Employment Application Instructions

Completing your application

Our employment application form is designed to allow for two different methods of completion.

Electronically: This option allows you to fill in the application using your computer. Once completed, you will need to print out the application for your signature.

Manually: This option allows you to print out a blank copy of the application for you to fill in by hand.

Both of the above options will require you to print the application so that it can be signed once completed. Either method is acceptable and we leave this to your preference.

Please be sure to fill out the entire application and sign the final page.

Application Submission

Once you have completed the application and signed the last page, you are ready to submit this to KVHC. There are three methods available for submission.

Electronically:

1. Scan your completed and signed application into a PDF file format. Most scanning devices are capable of this - you may need to check your device settings first. Be sure that you scan all pages (it is not necessary to scan the cover page or the instructions page of the application). Please ensure that the scan is sharp, clear, and easy to read.
2. Open your e-mail software or website, and attach your PDF in an e-mail addressed to **hrdepartment@kvhc.org**. Please include the name of the position applied for in the e-mail subject field.

Postal Mail:

Place your printed and signed application in an envelope and mail to:

Katahdin Valley Health Center
ATTN: Human Resources
529 South Patten Rd.
Patten, ME 04765

Drop off:

Place your printed and signed application in an envelope addressed to **Katahdin Valley Health Center** **ATTN: Human Resources** and drop off at any of our KVHC locations.

Legal Information

Katahdin Valley Health Center will maintain your application for as long as legally required. Upon submitting your application we will take every effort to review it for proper consideration. Our Human Resources Department will respond to you if you meet the current needs of our organization.

*If you have any questions or issues with this file or the instructions provided,
please e-mail us as soon as possible. Thank you!*



APPLICATION FOR EMPLOYMENT

The information on this application will be treated as confidential.

You are just a few steps away from potentially joining our KVHC Family!

PLEASE ANSWER ALL QUESTIONS COMPLETELY AND ACCURATELY

Position(s) you wish to apply for		Status Desired		Application Date	
		Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Per Diem <input type="checkbox"/>			
Are you willing to travel to various KVHC sites?		Are you willing to work overtime?		Date available for work	
Yes <input type="checkbox"/> No <input type="checkbox"/> Limited <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/> Limited <input type="checkbox"/>			
Referred by (please check one)				Referral Source	
Ad <input type="checkbox"/> Agency <input type="checkbox"/> Employee <input type="checkbox"/> School <input type="checkbox"/> Walk-in <input type="checkbox"/> Electronic Posting <input type="checkbox"/> Other <input type="checkbox"/>					
Last Name		First Name		Maiden Name	
Other Legal Name(s)					
Social Security Number			Email Address		
Home Phone		Mobile Phone		Best time to reach you	
Street Address			City		State
					Zip Code
Are you 18 years of age or older?		No <input type="checkbox"/> Yes <input type="checkbox"/>	Are you licensed to drive?		No <input type="checkbox"/> Yes <input type="checkbox"/>
					State
					License #
Are you prevented from lawfully becoming employed in this country because of VISA or Immigration status? <i>Proof of Citizenship or immigration status will be required upon employment.</i>					No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you ever had clinical privileges at any facility suspended or terminated?		No <input type="checkbox"/> Yes <input type="checkbox"/>	Please explain:		
Have you ever been excluded, suspended, or otherwise sanctioned by Medicare or Medicaid?		No <input type="checkbox"/> Yes <input type="checkbox"/>	Please explain:		
Have you ever been employed with us before?		No <input type="checkbox"/> Yes <input type="checkbox"/>	Start Date		End Date
Do you have any relatives employed with KVHC?		No <input type="checkbox"/> Yes <input type="checkbox"/>	Name		Relationship
Do you have any relatives who sit on the KVHC Board of Directors?		No <input type="checkbox"/> Yes <input type="checkbox"/>	Name		Relationship

PERSONAL INFORMATION



Our team of highly skilled professionals is dedicated to our patients' overall health and well-being. We work together each and every day to ensure all of our patients' health care needs are not only met but exceeded. KVHC offers a wide range of services that are focused on treating the whole person.

Now is your time to shine! Over the next pages, you will be asked to share what an asset you are and how you will complement our dynamic team.

EDUCATION	High School	Name / Address of School			
		Course of Study	# of Years Completed	Did you graduate?	List Diploma/Degree
				Yes <input type="checkbox"/> No <input type="checkbox"/> In Process <input type="checkbox"/>	
	College	Name / Address of School			
		Course of Study	# of Years Completed	Did you graduate?	List Diploma/Degree
				Yes <input type="checkbox"/> No <input type="checkbox"/> In Process <input type="checkbox"/>	
	Other	Name/Address of School			
		Course of Study	# of Years Completed	Did you graduate?	List Diploma/Degree
				Yes <input type="checkbox"/> No <input type="checkbox"/> In Process <input type="checkbox"/>	

LICENSING	Please list all, including CPR	State	Type	License Number	Expiration	Status

TRAININGS ~ SKILLS ~ ACTIVITIES	Describe any specialized training, apprenticeships, job-related skills, and extracurricular activities		
	List professional, trade, business, or civic activities and offices held. <i>(You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status.)</i>		
	Branch of Military Service Enlisted in	Type of Discharge*	Commendations Received

*copy of your DD-214 is required



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

EMPLOYMENT INFORMATION

Employer		State	Start Date	End Date
Address				
Reason for leaving:				
May we contact this employer?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If NO, please explain why:		
Employer		State	Start Date	End Date
Address				
Reason for leaving:				
May we contact this employer?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If NO, please explain why:		
Employer		State	Start Date	End Date
Address				
Reason for leaving:				
May we contact this employer?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If NO, please explain why:		
Employer		State	Start Date	End Date
Address				
Reason for leaving:				
May we contact this employer?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If NO, please explain why:		
Employer		State	Start Date	End Date
Address				
Reason for leaving:				
May we contact this employer?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If NO, please explain why:		



PROFESSIONAL REFERENCES	Name	Professional Relationship
	Address	Phone Number
	Name	Professional Relationship
	Address	Phone Number
PERSONAL REFERENCES	Name	Relationship
	Address	Phone Number
	Name	Relationship
	Address	Phone Number

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

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, State Licensure Investigation, a Criminal Background Investigation, and communicating with any employer or school 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