



BAR HARBOR, MAINE 04609 • TELEPHONE 207-288-5081
EMAIL: hr@mdihospital.org

EMPLOYMENT APPLICATION

Read carefully, answer all questions, and sign application on back.
Applications will be kept in active file for three months, reapply after this period.
MDI Hospital is an equal opportunity employer.

Last Name		First	Middle Initial	Social Security No.		
Present Address		Street	City	State	Zip Code	Telephone
Permanent Address (if different from present address)					Email Address	
Position Applied for _____			Date Available for Employment _____			
Employment Status and Shift Desired						
<input type="checkbox"/> Regular		<input type="checkbox"/> Full Time		<input type="checkbox"/> Day		
<input type="checkbox"/> Temporary		<input type="checkbox"/> Part Time		<input type="checkbox"/> Evening		
				<input type="checkbox"/> Night		
U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No		If No, State Type of Visa and Alien Registration Number		Date of Birth if Under 18		
How were you referred for employment?			Have you worked here before? When?			
List professional or technical licenses, certifications, or registrations.						
Have you ever been convicted of a crime or plead guilty or nolo contendere to a crime: if yes, explain: <input type="checkbox"/> Yes <input type="checkbox"/> No						

EDUCATION

HIGH SCHOOL	Name and Location	Circle Highest Grade Completed 9 10 11 12
	Course of Study	Did you Graduate?
VOCATIONAL SCHOOLS, TECHNICAL INSTITUTES	Name and Location	Circle Years Completed 1 2 3 4
	Course of Study	Certificate or Degree Received
COLLEGE	Name and Location	Circle Years Completed 1 2 3 4
	Major Concentration	Degree Received
ADVANCED DEGREE	Name and Location of Institution	Degree Received

Resume or curriculum vitae enclosed <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, list applicable courses, training, work, experience and skills.

EMPLOYMENT HISTORY

Present or Last Employer		Address	Telephone
Dates Employed From _____ To _____	Final Salary	Reason for Leaving	
Job Title and Duties			
			Name and Title of Supervisor
Second Last Employer		Address	Telephone
Dates Employed From _____ To _____	Final Salary	Reason for Leaving	
Job Title and Duties			
			Name and Title of Supervisor
Third Last Employer		Address	Telephone
Dates Employed From _____ To _____	Final Salary	Reason for Leaving	
Job Title and Duties			
			Name and Title of Supervisor

THIS SECTION TO BE COMPLETED BY ALL RN AND LPN APPLICANTS

Please check areas in which you have experience.

<input type="checkbox"/> ICU	<input type="checkbox"/> ER	<input type="checkbox"/> RR	<input type="checkbox"/> MED / SURG
<input type="checkbox"/> CCU	<input type="checkbox"/> OR	<input type="checkbox"/> OB	<input type="checkbox"/> PEDIATRICS
<input type="checkbox"/> OTHER*	* Please Specify _____		

I realize that a normal schedule includes some weekends and holidays.

If not previously stated, list the following persons for references:

1. Director of School of Nursing (if a new graduate)
2. Director of Nursing (most recent)

Name	Position	Address
1. _____	_____	_____
2. _____	_____	_____

THIS SECTION TO BE COMPLETED BY ALL RN, LPN, PROFESSIONAL AND TECHNICAL APPLICANTS

Name of each state in which you are registered / licensed. Indicate registration license numbers and expiration dates.

I certify that the above information is correct and complete to the best of my knowledge. I understand that omissions or false statements on this application are cause for denial of employment or subsequent dismissal. I authorize the Hospital to contact my former employers for references and to conduct an agency check for criminal convictions. My present employer may ___ / may not ___ be contacted at this time. I agree, if employed, to abide by Hospital policies. I understand that, if employed, I will be an "at will employee" and may terminate my employment or be terminated by the Hospital at any time, for any reason.

Applicant's Signature _____ Date _____