



EMPLOYMENT APPLICATION

APPLICANT INFORMATION										
Last				First				M.I.	Date	
Address							Apartment/Unit #			
City				State				ZIP		
Phone				E-mail Address						
Date Available				Social Security No.					Desired Salary	
Position Applied For					Referred by					
Number of Hours Desired										
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?						
Do you have a valid Maine Driver's License		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, explain						
Have you had any accidents in the past 3 years?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain						
Are you at least 18 years of age?		YES <input type="checkbox"/>	NO <input type="checkbox"/>							

MAINE BEHAVIORAL HEALTH ORGANIZATION (MBHO) PROVIDES EMPLOYMENT, TRAINING, PROMOTION, COMPENSATION AND OTHER CONDITIONS OF EMPLOYMENT WITHOUT REGARDS TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, GENDER, SEXUAL ORIENTATION, AGE, PHYSICAL OR MENTAL DISABILITY, IN ACCORDANCE WITH STATE AND FEDERAL LAW AND ON PRINCIPLES OF EQUAL EMPLOYMENT OPPORTUNITY.

EDUCATION									
High School					Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
College					Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
Other					Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		

PREVIOUS EMPLOYMENT

Company				Phone		
Address				Supervisor		
Job Title			Starting Salary	\$	Ending Salary	\$
From		To		Reason for Leaving		
May we contact your previous supervisor for a reference?			YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company				Phone		
Address				Supervisor		
Job Title			Starting Salary	\$	Ending Salary	\$
From		To		Reason for Leaving		
May we contact your previous supervisor for a reference?			YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company				Phone		
Address				Supervisor		
Job Title			Starting Salary	\$	Ending Salary	\$
From		To		Reason for Leaving		
May we contact your previous supervisor for a reference?			YES <input type="checkbox"/>	NO <input type="checkbox"/>		

REFERENCES*Please list three professional references.*

Full Name			Relationship		
Company			Phone		
Address					
Full Name			Relationship		
Company			Phone		
Address					
Full Name			Relationship		
Company			Phone		
Address					

DISCLAIMER AND SIGNATURE

I voluntarily give Maine Behavioral Health Organization (MBHO) the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies, and corporation supplying such information. If employed by the company, I understand that such employment is subject to the policies of the company. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

I understand that nothing contained in this application or in the granting of an interview creates a contract between MBHO and I for employment. No promises for employment have been made to me and I understand that no such promise or guarantee is binding upon MBHO unless made in writing by an authorized representative of MBHO. If an employment relationship is established, I understand that no consideration has been furnished to MBHO for my employment other than my services. I understand that if employed I will be an employee at will, which means that either MBHO or myself may terminate the employment relationship at any time, with or without cause.

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

Signature

Date