



Application Process

1. Applicants must complete entire employment application. Blank spaces delay the employment process.
2. Two reference forms (attached) must have an address at the top of both pages to where the work reference form can be sent and the bottom of the page must be signed by the applicant.
3. Background investigation checks are done on all employees, however, credit checks are only completed on: Managers, Department Heads, Accounting department candidates and other financial positions.
4. The applicant keeps the Summary of Your Rights Under the Fair Credit Reporting Act (the last two pages of this application).
5. Once application is completed send to the Human Resource Department with copies of applicable professional licenses, ACLS, BLS, etc.
6. Within two weeks you will receive a status letter updating you on the status of your application.

*Please feel free to contact the Human Resource Department
at 664-5390 if you have any questions.*

EMPLOYMENT APPLICATION



www.mainehospital.org
Human Resources Department
 50 Union Street
 Ellsworth, Maine 04605

Phone: (207) 664-5390

Fax: (207) 664-5595

Last Name	First	Middle	Type(s) of work desired	Date of Application
Street Address			Salary Expected	Social Security No.
City	State	Zip Code	Will you work overtime if asked: <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone No. Home: Cell: Work:
How were you referred to Maine Coast Memorial Hospital:				
Employment Status/Shift Desire: <input type="checkbox"/> Temporary <input type="checkbox"/> Regular <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per Diem <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night				

Were you previously employed by MCMH? Yes No
 Dates: _____

Are you under 18 years of age? Yes No

Do you have any relative(s) currently employed by MCMH or its Affiliates? Yes No

Name: _____ Relationship: _____

Have you been convicted of any crimes other than minor traffic violations? Yes No

Are you currently excluded from participating in any Federal Health Care Program? Yes No

Pursuant to the Immigration Reform and Control Act of 1986, all applicants upon being made an offer of employment, must produce documents, which are specified by the Federal Government, establishing their identify and authorization for employment in the United States. These documents must be produced no later than 72 hours after commencement of employment. You will also be required to sign Form I-9 (issued by the Federal Government) verifying under oath, your employment authorization.



Educational History

School Name	Location (city, state)	Major Course of Study	Graduated		Degree	Dates Attended
			Yes	No		
High School						
Technical/trade (after high school)						
College (list all attended)						
Other education/training						

Special Skills: (please attach additional information if necessary)

To be completed by applicant for office/clerical work

To be completed by Nursing applicant

Typing: ___ Yes ___ No words per minute:	Please check areas in which you have experience
Dictation: ___ Yes ___ No words per minute:	() ICU () ER () RR () Med/Surg
Computer Skills: ___ Hardware ___ Software	() CCU () OR () OB () Pediatrics
Programs Used:	Other:

Professional Licenses, Registrations, and/or Certifications:

Name of Lic/Cert Agency	Year/City/State Issued	Zip	Number	Phone Number	Exp. Date
Name of Lic/Cert Agency	Year/City/State Issued	Zip	Number	Phone Number	Exp. Date
Name of Lic/Cert Agency	Year/City/State Issued	Zip	Number	Phone Number	Exp. Date

This Section To Be Completed By All Applicants:

Do you realize it may be necessary for you to work weekends, holidays or rotation shifts? Yes No
(The applicant should not indicate the need for absences for religious purposes)

Do you understand that due to the nature of the services we provide, an exceptional record of attendance, promptness, and dependability is required of all hospital employees? Yes No

Do you understand that employment is contingent upon satisfactory education, prior employment, background checks, OIG Sanctions List and reference verifications? Yes No

MCMH does not discriminate on the basis of race, color, religion, sex, sexual orientation, national origin or citizenship status, age, handicap, or veteran's status and shall comply with Section 504, Title IX, and the ADA in all areas of hospital activities. Discrimination inquiries can be directed to the Human Resources Department, 664-5390 or the Office of Civil Rights, 617-223-9692.



I agree to a pre-employment physical at MCMH and in the event of work injury, the facility has my consent for treatment in the Outpatient/Emergency Department. In the event I am photographed during the course of employment, the hospital has my permission to use any and all photos for various public relations purposes.

Further, I understand that any employment is not for a stated period of time and may be terminated with or without cause, at any time, at the option of either myself or my employers.

I agree to notify the Human Resources Department if I am ever listed on the OIG Sanction List during any employment at MCMH.

Thank you for completing this application form and for your interest in MCMH. We would like to assure you that your opportunity for employment with this facility will be based only on your merit and not other consideration. If mailing application please mail to: Human Resources Department, Maine Coast Memorial Hospital, 50 Union Street, Ellsworth, Maine 04605. Your application will remain active for ninety (90) days and on file for one (1) year.

Signature

Date



50 Union Street, Ellsworth, Maine 04605
REFERENCE FORM

TO: _____

Date: _____

We are considering: _____ for a position as a _____ at Maine Coast Memorial Hospital. It is our understanding that this applicant was employed by you from _____ to _____ as a _____. Would you please complete and return this form in the enclosed envelope. An authorization appears below. Thank you for your cooperation.

Applicants SS # _____

Maine Coast Memorial Hospital

Position Held: _____ From: _____ To: _____

Reason for Termination: _____

Would you rehire: ___ Yes ___ No If no, please explain: _____

Evaluation of Applicant

	Excellent	Good	Fair	Poor
Quality of Work				
Quantity of Work				
Ability to get along with others				
Response to Supervision				
Attitude				
Attendance				

Please make additional comments on the other side.

Signature

Title

Date

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize the addressed individual, company or institution to furnish MAINE COAST MEMORIAL HOSPITAL with any information they may have concerning me on record or otherwise, and hereby release the addressed individual, company or institution and all individuals connected therewith, including MCMH, from all liability for any damage whatsoever incurred in furnishing such information. I understand that this information is being released in confidence to MCMH and will not be shared with me.

Applicant's Signature

Date



50 Union Street, Ellsworth, Maine 04605
REFERENCE FORM

TO: _____

Date: _____

We are considering: _____ for a position as a _____ at Maine Coast Memorial Hospital. It is our understanding that this applicant was employed by you from _____ to _____ as a _____. Would you please complete and return this form in the enclosed envelope. An authorization appears below. Thank you for your cooperation.

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Please make additional comments on the other side.

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Applicant's Signature

Date

A Summary of Your Rights Under The Fair Credit Reporting Act

The Federal Fair Credit Reporting Act ("FCRA") is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" ("CRA"). Most CRAs are credit bureaus that gather and sell information about you - such as if you pay your bills on time or have filed bankruptcy - to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S. C. §§ 1681-1681u, at the Federal Trade Commission's Web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you - such as denying an application for credit, insurance, employment - must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRA's - to which it has provided the date - of any error.) The CRA must give you a written report of the investigation, and a copy of your report, if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently reviewed your report be notified of the change.
- Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- You can dispute inaccurate items with the source of information. If you tell anyone - such as a creditor who reports to a CRA - that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you have notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old and ten years for bankruptcies.
- Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA - usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the list for two years. If you request, complete and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA.

<i>FOR QUESTIONS OR CONCERNS REGARDING</i>	<i>PLEASE CONTACT</i>
CRA's creditors and others not listed below	Federal Trade Commission Consumer Response Center - FCRA Washington, DC 20580 (202) 326-3761
National banks, federal branches/agencies of foreign banks (work "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202 452-3693
Savings associates and federally-chartered savings banks (work "Federal" or initials "F.S.B" appear in federal institution's name")	Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board of Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20252 202-720-7051

NOTICE OF CONSUMER REPORT FOR EMPLOYMENT PURPOSES

NOTICE: MAINE COAST MEMORIAL HOSPITAL WILL OBTAIN A CREDIT REPORT IN CONNECTION WITH YOUR APPLICATION FOR EMPLOYMENT. IF YOU ARE HIRED, MAINE COAST MEMORIAL HOSPITAL WILL OBTAIN CONSUMER REPORTS ABOUT YOU FROM TIME TO TIME IN CONNECTION WITH YOUR PROMOTION, REASSIGNMENT OR RETENTION AS AN EMPLOYEE.