

NORTHSHORE BEHAVIORAL HEALTH

300 Main Street, Wilton, ME 04064
207-860-4095
info@northshorebh.org

Application for Employment

NorthShore Behavioral Health is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

PERSONAL:

Name _____ Date _____
Last First Middle

Address _____

Phone Number _____

Position Sought _____ Full Time ___ Part Time

Can you perform the essential functions of the position for which you are applying? YES [] NO []

If no, please explain.

Date Available _____ Salary Desired _____

Are you 18 years old or older? ___ Yes ___ No

Are you legally eligible for employment in the United States? ___ Yes ___ No

(If offered employment, you will be required to provide documentation to verify eligibility.)

EDUCATION:

High School: No. of Yrs Completed check one: 1___ 2___ 3___ 4___

Diploma: ___ Yes ___ No

G.E.D.: ___ Yes ___ No

School(s) _____ City/State _____

College and/or Vocational School:

Number of Years Completed (check one) 1___ 2___ 3___ 4___

School(s) _____ City/State _____

Major _____ Degree(s) earned _____

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Other Training or Degrees:

School(s) _____ City/State _____

Course _____ Degree or Certificate Earned _____

Employment History:

From: Mo.	Yr.	Name of Employer (Name of Company or Business)	Job Title	Phone Number
To: Mo.	Yr.	Address of Employer (Number, Street, City, State, Zip)		Description Of Duties
From: Mo.	Yr.	Name of Employer (Name of Company or Business)	Job Title	Phone Number
To: Mo.	Yr.	Address of Employer (Number, Street, City, State, Zip)		Description Of Duties
From: Mo.	Yr.	Name of Employer (Name of Company or Business)	Job Title	Phone Number
To: Mo.	Yr.	Address of Employer (Number, Street, City, State, Zip)		Description Of Duties
From: Mo.	Yr.	Name of Employer (Name of Company or Business)	Job Title	Phone Number
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REFERENCES Give the names of three persons not related to you, whom you have known at least three (3) years.

Name	Address, Phone, Email	Company	Years Acquainted
1			
2			
3			

Please read carefully before signing.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for NorthShore Behavioral Health to hire me. If I am hired, I understand that either NorthShore Behavioral Health or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of NorthShore Behavioral Health has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to NorthShore Behavioral Health true and complete information on this application. No requested information has been concealed. I authorize NorthShore Behavioral Health to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Date _____ Signature _____