

NORTHSHORE BEHAVIORAL HEALTH

1 Granny Smith Court Old Orchard, ME 0406
207-937-8619

284 Main St, Suite 360, Wilton, ME 04294
207-860-4095

info@northshorebh.org

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
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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			

Where do you hear about us:

- Word of Mouth (friend or family)
- Website and/or social media
- Online job site
- Other _____

If you were referred to us by a current employee, please let us know who referred you.

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 _____