

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.

LOCATION APPLYING FOR: OOB (Southern	n Maine) 🗌 Wilton (Central Maine)
Name	Date
Last First Middle	
Phone Number	
Position Sought	Full Time Part Time
Can you perform the essential functions of the posi	tion 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 Unite	ed States? Yes No
(If offered employment, you will be required to pro	vide documentation to verify eligibility.)
EDUCATION:	
High School: No. of Yrs Completed check one: 1	2 3 4
Diploma: Yes No G.E.I	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)	ļ,	Description Of Du	uties
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)	ļ ,	Description Of Du	uties
From: Mo.	Yr.	Name of Employer (Name of Company or Business)	Job	l Title	Phone Number
To: Mo.	Yr.	Address of Employer (Number, Street, City State, Zip)	ļ,	Description Of Du	uties
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)	Ι γ,	Description Of Du	uties



1 Granny Smith Court Old Orchard, ME 0406 207-937-8619 284 Main St, Suite 360, Wilton, ME 04294 207-860-4095

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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