



Employment Application

Read carefully, *answer all* questions and sign application on back.
Applications are kept on file for two years.

MDI Hospital/Birch Bay Retirement Village are equal opportunity employers
BAR HARBOR, ME 04609 TELEPHONE 207-288-5082 x 1165

APPLICANT INFORMATION

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available:

Position Applied for:

Are you a citizen of the United States? YES NO If no, type of Visa and Alien Registration number: _____

Have you ever worked at MDI Hospital/BBRV or any of our Health Centers before? YES NO If yes, when? _____

Are you related to anyone who works at MDIH/BBRV? YES NO If yes, who? How are you related? _____

Have you ever been convicted of a crime or pleaded guilty or nolo to a crime? YES NO

If yes, explain: _____

EDUCATION

High School or equivalent: _____ Address: _____
Did you graduate? YES NO Diploma: _____

College: _____ Address: _____
Did you graduate? YES NO Degree: _____

Advanced: _____ Address: _____
Did you graduate? YES NO Degree: _____

EMPLOYMENT HISTORY

Present or Last Employer: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Final Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Previous Employer: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Final Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Previous Employer: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Final Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

REFERENCES

Please list three professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

LICENSE(S)-Please attach a copy of your current license(s)

Please specify areas of experience:

Name each state in which you are registered/licensed.

Expiration Date:

Registration and License Numbers:

DISCLAIMER AND SIGNATURE

I certify that the above information is correct and complete to the best of my knowledge. I understand that omissions or false statements on this application are cause for denial of employment or subsequent dismissal. I authorize MDI Hospital/BBRV to conduct an agency check for criminal convictions. I agree, if employed, to abide by Hospital policies. I understand that, if employed, I will be an "at will employee" and may terminate my employment or be terminated by the Hospital/BBRV at any time, for any reason.

Signature: _____ Date: _____