



The quality of an organization is judged by the quality of its employees. To ensure that Cary Medical Center consistently maintains the high standards of quality that our patients deserve, **all employees** are expected to adhere to and practice the following **Standards of Behavior**. These standards were developed by a group representing the entire organization to establish uniformity and accountability, and to make us the best provider and employer of choice.

**Vision:** We aspire to create a healthier community.

**Mission:** We are caring people committed to excellence in patient centered health care & community well being.

## EMPLOYEE STANDARDS OF BEHAVIOR

### APPEARANCE

- Present a clean, professional, well-groomed image, following dress code.
- Wear your identification badge in a visible place above your waist.
- When approaching a customer or co-worker, smile and make eye contact.
- Help keep our environment clean by picking up trash and keeping our work areas neat.

### ATTITUDE AND RESPECT

- Our job is to serve our customers and provide the highest quality service with care and courtesy. Exceed expectations at all times.
- Treat one another as professionals deserving courtesy, honesty and respect. Welcome newcomers.
- Display a positive attitude at work at all times.
- Always be polite and customer focused.
- Make eye contact, be approachable, and acknowledge passerby with a greeting.

### COMMITMENT TO CO-WORKERS

- Cooperate with one another. Do not undermine other people's work; praise whenever possible.
- If a co-worker conflict occurs, address concerns with the co-worker first, and if there is still not a satisfactory outcome, contact your supervisor.
- Be a role model for co-workers.

### COMMITMENT TO CUSTOMERS

- Educate families about processes and provide a comfortable atmosphere for waiting customers.
- Update family members periodically – at least hourly – while a patient is undergoing a procedure.
- Observe customers. If someone appears to need directions, offer to assist. Take the customer to his or her destination.
- Acknowledge patient call lights by 5<sup>th</sup> ring, (**all employees** are expected to answer patient call lights). Respond to requests within 5 minutes. If you cannot meet the request, relay the message to someone who can and notify the patient what you have done.
- When answering a patient call light, knock, introduce yourself and ask how you or their nurse can help. After responding to a customer's request, ask, "Is there anything else I can do? I have time."
- Acknowledge a customer's presence immediately. Apologize if they have been waiting.
- "That's not my patient" is not in our vocabulary.
- Parks in identified employee parking.

### COMMUNICATION

- TELEPHONE
  - Identify yourself and your department with a smile in your voice, asking, "May I help you?" to assist the caller.

- Acknowledge the time of day with, "Good Morning", "Good Afternoon", or "Good Evening".

### EMAIL

- Avoid typing in all capitals. Keep messages simple, not using detailed stationery and flowery fonts and colors.
- Use out of office feature when appropriate.
- Send messages to individuals who really need to know the information.

### VOICE MAIL

- Use voice mail for short messages.
- When leaving a voice mail message, identify yourself and where you can be reached in the voice mail.
- Update your greeting to indicate when you are away from the office.

### INTERNET

- Use Internet for appropriate job-related functions.

### CONFIDENTIALITY

- Ensure patient, personal, and private information is kept confidential at all times and not discussed in any public place (cafeteria, halls, elevators, etc). Adhere to the confidentiality policy at all times.
- Protect privacy, dignity and modesty at all times.

### EMPOWERMENT / SENSE OF OWNERSHIP

- You are empowered to take responsibility, using your own judgement, without fear of retribution to solve problems you encounter.
- "That's not my job," is not in our vocabulary.
- This is your hospital. Treat it with pride and ownership.
- While inside and outside of the walls of the organization, speak positively about us and uphold our mission and vision.

### SAFETY

- Take the time to stop and remove obstacles (trash, carts, etc.) and report hazards.
- Be aware of fire and safety emergency procedures and report any security risks immediately.
- It is our duty to protect each other and our customers from any risk.

### SERVICE RECOVERY

You are empowered to make the customer happy no matter what.

Use the following steps for Service Recovery:

- Spot the unhappy customer.
- Take ownership and listen to the problem.
- Offer an apology.
- Provide solutions and follow through.

Recognizing that it is the goal of Cary Medical Center to achieve superior customer service and to exceed expectations, I offer my personal commitment to living by the above Employee Standards of Behavior.

Signature

Date



## EMPLOYMENT APPLICATION

Last Name (Please Print Clearly):	First Name:	Middle Name:	Social Security Number:
Complete mailing address, including county:			Phone No:
			Cell No:
Email Address:	Other names employed by: Previous address, include county:		

Are you eligible to be lawfully employed in the United States?      Yes       No

Can you, after employment, submit verification of your legal right to work?      Yes       No

Have you ever been charged with or convicted of any crime (other than a misdemeanor traffic violation)?      Yes       No

If Yes, please explain: (A previous criminal conviction **will not** automatically disqualify you for employment; **false statements will**).

List all positions applying for:	Salary Expected	Date Available to Start
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### Professional Licensure / Certifications, Other Than Driver's License

Type	Initial License Year	State	Is your license active?	
Licensure No:			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Certification No:			Yes <input type="checkbox"/>	No <input type="checkbox"/>
CNA Registry			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has your license ever been investigated, revoked, or in a probationary status?			Yes <input type="checkbox"/>	No <input type="checkbox"/>

### Education / Skills (Please circle highest grade completed)

High School: 9 10 11 12      GED: Yes No      College: 1 2 3 4      Graduate School: 1 2 3 4

High School: \_\_\_\_\_ Graduate School: \_\_\_\_\_

College: \_\_\_\_\_ Vocational School: \_\_\_\_\_

Please list any education, training or skills:

Please list any foreign language(s) in which you are fluent:	Please list business, hospital or industrial equipment operated:
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Do you have a relative who is employed by Cary Medical Center?      Yes       No

If yes, please indicate name of person:      Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

How were you referred to Cary Medical Center?

Newspaper Ad <input type="checkbox"/>	Job Fair <input type="checkbox"/>	Walk-in <input type="checkbox"/>
Journal/Magazine <input type="checkbox"/>	Friend <input type="checkbox"/>	Family <input type="checkbox"/>
School/College <input type="checkbox"/>	Cary Web Site <input type="checkbox"/>	Other _____

**WORK EXPERIENCE (A resume does not replace information below.)**

Please list below all employment for the past 10 years - include any volunteer work. This information may be used for reference contact information. If you do not have work experience, please complete the Secondary Reference section.

Current Employer:		Address:	
Phone No:	Supervisor Name:	Position Held:	
Date employed: (From - To)	Rate per Hour:	Reason for Leaving:	
Description of Responsibilities:			

Previous Employer:		Address:	
Phone No:	Supervisor Name:	Position Held:	
Date employed: (From - To)	Rate per Hour:	Reason for Leaving:	
Description of Responsibilities:			

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Date employed: (From - To)	Rate per Hour:	Reason for Leaving:	
Description of Responsibilities:			

Present employer may be contacted:                      Yes                      No  
 Previous employers may be contacted:                      Yes                      No

**SECONDARY REFERENCE (Other Than Relatives)**

Name:	Relationship:
Address:	Phone No:

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Address:	Phone No:

**CONDITION OF EMPLOYMENT – PLEASE READ CAREFULLY**

1. Failure to fully complete this application may delay or prevent processing.
2. All of the information that I have supplied on this application is a full and complete statement of facts. Any falsification or misrepresentation will disqualify my application for employment or be grounds for termination. I agree that Cary Medical Center and my previous employers shall not be held liable in any respect if an employment offer is not tendered, is withdrawn, or if my employment is terminated due to falsity of the statement and responses in this application. In consideration of employment I will sign a separate release for a background check to be processed by Cary Medical Center's Human Resources staff.
3. I understand that employment by Cary Medical Center has an orientation period for all employees. Employment is for an indefinite term and the policies, procedures, and any statements contained in various documents, do not form a contract with me and may ultimately change at any time.
4. I understand that I may be asked to work weekdays, weekends, hours and locations other than those specified at the time of hire.
5. I have not been excluded or sanctioned for participation in Federal healthcare programs, including Medicare and/or Medicaid.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**APPLICATIONS FOR EMPLOYMENT ARE CONSIDERED ACTIVE FOR 6 MONTHS FROM DATE OF APPLICATION.**

**MISSION**

*We are caring people committed to excellence  
in patient centered health care and community well being.*

**VISION**

*We aspire to create a healthier community.*

**Human Resources  
163 Van Buren Rd, Suite 1  
Caribou, ME 04736**

**Phone No: 207-498-1234 or 498-1240  
TTY No: 207-498-2024  
Fax No: 207-498-1366  
Website: [www.carymedicalcenter.org](http://www.carymedicalcenter.org)**

*Cary Medical Center is an **Equal Opportunity Employer and Provider** that does not discriminate in employment, wages, benefits, transfers, promotions or termination based on race, color, creed, religion, age, gender, national origin, ancestry, physical, or mental handicap or disability, sexual orientation or other legally protected status, and is a smoke free campus.*

Revised 10/06

# **INSTRUCTIONS**

## **REQUEST FOR VERIFICATION OF PREVIOUS EMPLOYMENT**

### **APPLICANT**

- 1. Complete the top portion on both forms.**
- 2. Forward forms to two previous employers for completion.**
- 3. Your references are to forward the reference form to Human Resources either via fax or mail. No hand delivered references will be accepted.**

**Thank You**

# REQUEST FOR VERIFICATION OF PREVIOUS EMPLOYMENT

Cary Medical Center's Human Resources Department prefers to have two references in hand prior to granting an interview. **This form must be received from reference source only.**

**APPLICANTS: PLEASE COMPLETE THE TOP PORTION ONLY.**

Position applying for: \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
Last First Middle

If you have worked under a different name(s), please specify: \_\_\_\_\_

Former Employer and / or Company Name: \_\_\_\_\_ Position Held: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's Phone: (\_\_\_\_\_) \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Social Security # \_\_\_\_\_  
From: (Month & Year) To: (Month & Year)

*I am applying for employment at Cary Medical Center and authorize you to release any and all information requested. Furthermore, I release all former employers of liability for furnishing the information and I also waive my right to review this reference.*

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

## THE QUESTIONS BELOW ARE TO BE COMPLETED BY A FORMER EMPLOYER

**REFERENCES: Please complete the portion below & forward to Cary's Human Resources.**

Is the above information provided correct?    Yes    No    If no, explain. \_\_\_\_\_

Is this individual eligible for rehire?    Yes    No    If no, why? \_\_\_\_\_

What was the applicant's reason for leaving your employ? \_\_\_\_\_

\_\_\_\_\_

Please make any comments that would help us to assess the qualifications of this individual. \_\_\_\_\_

\_\_\_\_\_

Please mark the appropriate box for these characteristics	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
Communication Skills				
Overall Quality of Work				
Knowledge and Skills				
Motivation / Initiative				
Attendance				
Cooperation and Attitude with Coworkers and the Public				
Acceptance of Supervision				
Supervisor Responsibilities (if applicable)				

Print Name \_\_\_\_\_

\_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

**PLEASE FAX OR MAIL TO:    HUMAN RESOURCES    PHONE No:    207-498-1234 or 498-1240**  
**163 VAN BUREN RD, SUITE 1    TTY No:    207-498-2024**  
**CARIBOU, ME 04736    FAX No:    207-498-1366**

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Last

First

Middle

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Supervisor Responsibilities (if applicable)				

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

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