



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:

Have you ever been employed by Cary Medical Center?	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:			

Previous Employer:		Address:	
Phone No:	Supervisor Name:		Position Held:
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:

Name:	Relationship:
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 Road
Caribou, ME 04736**

**Phone No: 207-498-1240
TTY No: 207-498-2024
Fax No: 207-498-1366
Website: 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



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 5th 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

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 _____

Signature _____

Title _____

Date _____

PLEASE FAX OR MAIL TO: HUMAN RESOURCES 163 Van Buren Road CARIBOU, ME 04736	PHONE No: 207-498-1240 TTY No: 207-498-2024 FAX No: 207-498-1366
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