



Employment Application

Islands Community Medical Services, Inc. (ICMS)

15 Medical Center Loop, Vinalhaven, ME 04863

Human Resources: 207-863-4341 ext. 1126 **Email:** jsanborn@icmsvh.org **Fax:** 207-863-9358

Personal Information

Last Name: _____ First Name: _____ Middle Initial: _____

Street Address: _____ City/State/Zip: _____

Phone Number: _____ Alternate Number (optional): _____

Email: _____ Are you under 18 years of age? Yes:___ No:___

Do you have the legal right to work in the U.S.? Yes___ No___ I would require sponsorship___

Position you are applying for? _____

What salary do you hope to receive from ICMS? _____

Date available to begin work: _____ Availability: Full-Time:___ Part-Time:___

Employment History

Have you been previously employed by ICMS? Yes:___ No:___ If yes, state year(s) of employment and positions held, as well as your name while employed (if different from your present name).

Year(s): _____ Position(s): _____ Name: _____

Year(s): _____ Position(s): _____ Name: _____

Starting with PRESENT or MOST RECENT, list all previous employers. Please include self-employment, summer, and part-time jobs. **In addition** to completing the following information, a current resume may be submitted with this application.

Employer		Job Title	
Address		Dates Employed	
Telephone Number		Supervisor	
Describe work performed		Reason for leaving	

May we contact this employer? Yes:___ No:___

Employment History (continued)

Attach additional pages as needed.

Employer		Job Title	
Address		Dates Employed	
Telephone Number		Supervisor	
Describe work performed		Reason for leaving	

May we contact this employer? Yes:___ No:___

Employer		Job Title	
Address		Dates Employed	
Telephone Number		Supervisor	
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Address		Dates Employed	
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May we contact this employer? Yes:___ No:___

Qualifications

Licensure/Training/Certifying Program and Address:_____

Describe any other skills, qualifications, and/or training that is relevant to the position that you are applying for (especially those that are applicable to the healthcare field):_____

Education

	High School	Undergraduate College / University / Vocational	Graduate or Professional
School Name/ Location			
Number of Years Completed			
Diploma/ Degree			
Course of Study/Major			

References : Please list 3 **professional** references.

Name

Title

Phone Number

Name

Title

Phone Number

Name

Title

Phone Number

What encouraged you to apply for a position with ICMS?

ICMS Website _____ Online (Where?) _____

Professional Association (Group name) _____

Newspaper Ad (Where?) _____

Other (Specify) _____

In order to conduct an investigation of your past education and employment activities as well as personal history that is job related, should we be made aware of any other name that you previously used? Yes: ____ No: ____ If yes, identify name(s) and relevant dates.

APPLICANT'S CERTIFICATION AND AGREEMENT

I voluntarily give ICMS the right to make a thorough investigation of my past education and employment activities as well as medical or personal history that is job-related. I agree to cooperate in such investigation, and release from all liability or responsibility all persons, companies and corporations supplying such information.

I understand that for some positions, ICMS may require a credit report and a criminal background check. If required for a position, I will be asked to give my written authorization and consent for a credit report and/or criminal background check.

I understand that if I accept employment at ICMS I can terminate employment at any time and can be terminated at any time, with or without cause, and that there is no contract, expressed or implied, for continued employment. If, however, I am employed by ICMS under an employment contract, the terms and conditions of employment of the contract will apply.

I certify that all information provided on this application for employment and any information provided on my résumé is true and accurate to the best of my knowledge. I understand that if I misrepresent or deliberately leave out a fact in my application or résumé, I may be refused employment or, if I am employed, I may be terminated immediately.

Signature

Date

Signature

Date

ICMS provides equal employment opportunities to all employees and applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, terminate layoff, recall, transfer, leaves of absence, compensation and training.