



# Employment Application

## Islands Community Medical Services, Inc. (ICMS)

15 Medical Center Loop, Vinalhaven, ME 04863

**Human Resources:** 207-863-4341 ext. 1116 **Email:** HumanResources@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.

<b>Employer</b>		<b>Job Title</b>	
<b>Address</b>		<b>Dates Employed</b>	
<b>Telephone Number</b>		<b>Supervisor</b>	
<b>Describe work performed</b>		<b>Reason for leaving</b>	

**May we contact this employer?** Yes:\_\_\_ No:\_\_\_

**Employment History** (continued)

Attach additional pages as needed.

<b>Employer</b>		<b>Job Title</b>	
<b>Address</b>		<b>Dates Employed</b>	
<b>Telephone Number</b>		<b>Supervisor</b>	
<b>Describe work performed</b>		<b>Reason for leaving</b>	

May we contact this employer? Yes:\_\_\_ No:\_\_\_

<b>Employer</b>		<b>Job Title</b>	
<b>Address</b>		<b>Dates Employed</b>	
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<b>Describe work performed</b>		<b>Reason for leaving</b>	

May we contact this employer? Yes:\_\_\_ No:\_\_\_

<b>Employer</b>		<b>Job Title</b>	
<b>Address</b>		<b>Dates Employed</b>	
<b>Telephone Number</b>		<b>Supervisor</b>	
<b>Describe work performed</b>		<b>Reason for leaving</b>	

May we contact this employer? Yes:\_\_\_ No:\_\_\_

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):\_\_\_\_\_

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**Education**

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

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

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Name

Title

Phone Number

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Name

Title

Phone Number

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Name

Title

Phone Number

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Have you ever been convicted of a felony? Yes:\_\_\_ No:\_\_\_ (Conviction will not automatically disqualify you from employment, but will be considered in relation to specific job requirements.)

If yes, please explain:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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What encouraged you to apply for a position with ICMS?

ICMS Website \_\_\_\_\_ Online (Where?) \_\_\_\_\_

Professional Association (Group name) \_\_\_\_\_

Newspaper Ad (Where?) \_\_\_\_\_

Other (Specify) \_\_\_\_\_

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In order to conduct an investigation of your past education and employment activities as well 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.

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## **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 consent to taking any physical examination, medical or drug tests which may be required by ICMS, upon receiving a conditional offer of employment or in the future, in order to determine my ability to perform job duties. I agree to wear or use protective clothing or devices as required by ICMS and to comply with all safety rules.

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.

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Signature

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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.