



Employment Application

Islands Community Medical Services, Inc. (ICMS)

15 Medical Center Loop, Vinalhaven, ME 04863

Human Resources: 207-863-4341, ext. 1116 **Email:** czoellick@icmsvh.org **Fax:** 207-863-9358

Personal Information

Last Name: _____ First Name: _____ Middle Initial: _____
 Street Address: _____ City/State/Zip: _____
 Phone Number: _____ Alternate Number (optional): _____
 Social Security #: _____ Are you under 18 years of age? Yes: ___ No: ___

What position are you applying for? _____

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: ___			

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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, termination, layoff, recall, transfer, leaves of absence, compensation and training.

Employment History (continued)

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

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

Qualifications

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	Graduate or Professional
School Name/ Location			
Number of Years			
Diploma/ Degree			
Describe Course of Study / Major			

References

Please list three (3) professional references.

Name

Title

Phone Number

Name

Title

Phone Number

Name

Title

Phone Number

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

If yes, please explain: _____

What encouraged you to apply for a position with ICMS?

Company Reputation _____

Newspaper Ad _____

Friend/Relative _____

Employment Agency _____

Other _____

Company Employee _____

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.: _____

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 also agree to permit ICMS to obtain a credit report and to conduct a criminal background check. I further agree to cooperate in such investigation, and release from all liability or responsibility all persons, companies and corporations supplying such information.

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.

I certify that the above information 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