

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                     |  |                                                                                                              |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------|--|
| Today's Date: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Social Security Number: _____                                                                                                                                       |  | Date of birth if under age 18: _____                                                                         |  |
| Last Name _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | First Name _____                                                                                                                                                    |  | Nickname _____                                                                                               |  |
| Full Middle Name _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Message Telephone Number: _____                                                                                                                                     |  |                                                                                                              |  |
| Address: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Street _____                                                                                                                                                        |  | City _____ State _____ Zip _____                                                                             |  |
| Telephone Number: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Email: _____                                                                                                                                                        |  |                                                                                                              |  |
| Position Applied for: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Are you willing to work _____<br>( ) Full Time<br>( ) Part Time<br>( ) Per Diem      ( ) Summer<br>( ) Temporary                                                    |  | List all hours you are available to work: _____                                                              |  |
| Date Available to Start Work: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Are you eligible to be lawfully employed in the U.S.? ( ) Yes ( ) No<br><small>Proof of citizenship or immigration status will be required upon employment.</small> |  | Do you realize that it may be necessary for you to work weekends, holidays or rotation shift? ( ) Yes ( ) No |  |
| <b>Education</b> Circle the highest grade completed:    Grade School: 1 2 3 4 5 6 7 8    High School: 9 10 11 12    College: 13 14 15 16 17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                     |  |                                                                                                              |  |
| <b>School Attended</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <b>City</b>                                                                                                                                                         |  | <b>State</b>                                                                                                 |  |
| <b>Zip</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <b>Course of Study</b>                                                                                                                                              |  | <b>Did you graduate?</b>                                                                                     |  |
| <b>GED, Diploma, or Degree (Attach copy)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                     |  |                                                                                                              |  |
| High School                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                     |  |                                                                                                              |  |
| College                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                     |  |                                                                                                              |  |
| Technical                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                     |  |                                                                                                              |  |
| <b>Employment Record - List last 4 employers, beginning with most recent.    Note: do not write "see resume"</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                     |  |                                                                                                              |  |
| Employer Name: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Dates employed: _____ to _____                                                                                                                                      |  | Supervisor: _____                                                                                            |  |
| Address: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Position and Duties: _____                                                                                                                                          |  | Reason for leaving: _____                                                                                    |  |
| City, State, Zip: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Salary: _____                                                                                                                                                       |  | May we check references? ( ) Yes ( ) No                                                                      |  |
| Phone: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                     |  |                                                                                                              |  |
| Employer Name: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Dates employed: _____ to _____                                                                                                                                      |  | Supervisor: _____                                                                                            |  |
| Address: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Position and Duties: _____                                                                                                                                          |  | Reason for leaving: _____                                                                                    |  |
| City, State, Zip: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Salary: _____                                                                                                                                                       |  | May we check references? ( ) Yes ( ) No                                                                      |  |
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| Employer Name: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Dates employed: _____ to _____                                                                                                                                      |  | Supervisor: _____                                                                                            |  |
| Address: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Position and Duties: _____                                                                                                                                          |  | Reason for leaving: _____                                                                                    |  |
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| Phone: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                     |  |                                                                                                              |  |
| Employer Name: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Dates employed: _____ to _____                                                                                                                                      |  | Supervisor: _____                                                                                            |  |
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| City, State, Zip: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Salary: _____                                                                                                                                                       |  | May we check references? ( ) Yes ( ) No                                                                      |  |
| Phone: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                     |  |                                                                                                              |  |
| <b>ALL APPLICANTS COMPLETE:</b><br>Keyboarding: Yes _____ No _____ Speed: _____ WPM    Number of Years of study? _____<br>Computer Skills: Word _____ Excel _____ Access _____ Power Point _____ Fax _____ Internet _____ Email _____ Scanner _____ Other _____                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                     |  |                                                                                                              |  |
| <b>NURSING &amp; HOME HEALTH APPLICATIONS COMPLETE:</b><br>Check areas you have experience or special interest in:<br>( ) Inpatient & Special Care    ( ) ED    ( ) Inpatient & Obstetrics    ( ) Physician Practices    ( ) Home Health    ( ) Surgery    ( ) PACU<br>( ) Other, please specify: _____<br>( ) Maine nursing license number is: _____ Expires: _____ Copy is Attached. ( ) I applied for my Maine license on (date): _____<br>( ) I am a Certified Nursing Assistant and am on the Maine CNA Registry. A copy of my CNA certificate is attached.<br>( ) I applied to the Maine CNA Registry on (date): _____ |  |                                                                                                                                                                     |  |                                                                                                              |  |
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# Application Forms At Baragwan Hospital

**Chao Zhang**



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