

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 _____ () Full Time () Part Time () Per Diem () Summer () 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 Proof of citizenship or immigration status will be required upon employment.		Do you realize that it may be necessary for you to work weekends, holidays or rotation shift? () Yes () No	
Education 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					
School Attended		City		State	
Zip		Course of Study		Did you graduate?	
High School					
College					
Technical					
Employment Record - List last 4 employers, beginning with most recent. Note: do not write "see resume"					
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: _____	
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Employer Name: _____		Dates employed: _____ to _____		Supervisor: _____	
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City, State, Zip: _____		Salary: _____		May we check references? () Yes () No	
Phone: _____					
ALL APPLICANTS COMPLETE:					
Keyboarding Yes No Speed: _____ WPM Number of Years of study? _____					
Computer Skills: Word Excel Access Power Point Fax Internet Email Scanner Other					
NURSING & HOME HEALTH APPLICATIONS COMPLETE:					
Check areas you have experience or special interest in:					
() Inpatient & Special Care () ED () Inpatient & Obstetrics () Physician Practices () Home Health () Surgery () PACU					
() Other, please specify: _____					
() Maine nursing license number is: _____ Expires: _____ Copy is Attached. () I applied for my Maine license on (date): _____					
() I am a Certified Nursing Assistant and am on the Maine CNA Registry. A copy of my CNA certificate is attached.					
() I applied to the Maine CNA Registry on (date): _____					
NON-NURSING REGISTERED/CERTIFIED APPLICANTS TO COMPLETE:					
Registrations and/or certifications: (attach copies)					
Agency: _____		Number: _____		Expiration: _____	
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Application For Caregiver At Tshepong Hospital

Rosina Ehmann



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