

Employment History

Starting with your most recent employer, assignments or volunteer activities, provide the following information.

Employer Telephone # ()	Dates Employed Month Year / to /
Street Address City State	Salary
Job Title	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ Per
Immediate Supervisor and Title	Commission / Bonus \$
Reason for Leaving	Compensation (Final)
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ Per
Employer Telephone # ()	Dates Employed Month Year / to /
Street Address City State	Salary
Job Title	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ Per
Immediate Supervisor and Title	Commission / Bonus \$
Reason for Leaving	Compensation (Final)
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ Per
Employer Telephone # ()	Dates Employed Month Year / to /
Street Address City State	Salary
Job Title	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ Per
Immediate Supervisor and Title	Commission / Bonus \$
Reason for Leaving	Compensation (Final)
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ Per

Educational Background (if job related)

Starting with your most recent school attendance, provide the following information.

School (Include city and state)	Number of years completed	Achieved	GPA Class Rank	Major	Minor

References

List name and telephone number of three business / work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

--	--	--	--	--

List any additional information you would like us to consider. _____

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I expressly authorize without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of my identity and legal authority to work in the United States and that the federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, imcomplete or misrepresented in any respect, will be sufficient cause to (I) cancel further consideration of this application, or (II) immediately discharge me from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT
 I certify that I have read, fully understand and accept all terms of the forgoing Applicant Statement.

Signature of Applicant _____ Date ____/____/____



BNRC
Bangor Nursing and
Rehabilitation Center

103 Texas Avenue
Bangor, Maine 04401
Tel. (207) 947-4557
Fax. (207) 992-9097

CONFIDENTIAL INQUIRY

To: _____

We would appreciate it if you would complete the following questionnaire regarding
_____. He / she has applied for a position of
_____.

In order to expedite our decision, a reply at your earliest convenience would be appreciated. The above named candidate has authorized us to request this information from you. Thank you for your assistance.

Sincerely,

Lucille Higgins
Director of Nursing Services

Employed from: _____ to: _____ Position: _____
Reason for Leaving: _____ Rehire? _____
Clinical Skills: _____ Attendance: _____
Quantity of Work: _____ Dependability: _____
Quality of Work: _____ Leadership Ability: _____
Initiative: _____
Comments: _____

Signature: _____
Title: _____
Date: _____

Applicants Authorization

I hereby authorize the addressed individual to furnish Bangor Nursing & Rehabilitation Center with any information they may have concerning me which they have on file or otherwise, and hereby release all individuals connected therewith from all liability for any damage whatsoever incurred in furnishing such information. I understand this information is being released in confidence to BNRC and will not be shared with me.

*****PLEASE JUST SIGN & DATE - DO NOT FILL OUT ANY OF THE UPPER PORTION**

Signature: _____ Date: _____



BNRC
Bangor Nursing and
Rehabilitation Center

103 Texas Avenue
Bangor, Maine 04401
Tel. (207) 947-4557
Fax. (207) 992-9097

CONFIDENTIAL INQUIRY

To: _____

We would appreciate it if you would complete the following questionnaire regarding
_____. He / she has applied for a position of
_____.

In order to expedite our decision, a reply at your earliest convenience would be appreciated. The above named candidate has authorized us to request this information from you. Thank you for your assistance.

Sincerely,

Lucille Higgins
Director of Nursing Services

Employed from: _____ to: _____ Position: _____
Reason for Leaving: _____ Rehire? _____
Clinical Skills: _____ Attendance: _____
Quantity of Work: _____ Dependability: _____
Quality of Work: _____ Leadership Ability: _____
Initiative: _____
Comments: _____

Signature: _____
Title: _____
Date: _____

Applicants Authorization

I hereby authorize the addressed individual to furnish Bangor Nursing & Rehabilitation Center with any information they may have concerning me which they have on file or otherwise, and hereby release all individuals connected therewith from all liability for any damage whatsoever incurred in furnishing such information. I understand this information is being released in confidence to BNRC and will not be shared with me.

*****PLEASE JUST SIGN & DATE - DO NOT FILL OUT ANY OF THE UPPER PORTION**

Signature: _____ Date: _____