



Application for Employment

PLEASE READ CAREFULLY BEFORE COMPLETING THIS APPLICATION

Kennebec Behavioral Health (KBH) is an equal opportunity employer dedicated to a policy of compliance with all federal, state and local laws regarding non-discrimination in employment. Applicants are considered for all positions without regard to race, color, religion, gender, ancestry or national origin, citizenship status, age, marital status, veteran status, mental or physical disability, or the presence of a non job-related medical condition. No question on this application is intended to secure information to be used for unlawful purposes.

Consistent with the provisions of the *Americans with Disabilities Act (ADA)* and the *Maine Human Rights Act (MHRA)*, applicants may request accommodations necessary to participate in the application process.

This application will be given every consideration; however, in accepting it, KBH makes no commitment of employment to the applicant. This application will remain active only until currently available positions to which the application relates have been filled.

As KBH treats children and other populations vulnerable to exploitation and is licensed by the Maine Department of Behavioral and Developmental Services, all prospective employees and volunteers must be screened. Therefore, KBH may, upon the applicant's authorization, investigate the information contained in this employment applications and may request a third party agency to prepare an investigative consumer report. The purpose of the background investigation is solely to determine suitability of the candidate for employment at KBH. The applicant has the right to request that KBH completely and accurately disclose the nature and scope of the investigation requested, as well as the name and address of any outside agency responsible for preparation of the report. Such request must be made in writing to the Human Resources Department of KBH within a reasonable time after completion of the application. Any applicant who does not authorize KBH to conduct a background investigation will not be considered for employment.

It is the policy of Kennebec Behavioral Health not to employ persons who are not completely honest in their responses to information requested in this application for employment. In the event that any false or misleading statements or omissions are discovered, the application or any offer of employment will be withdrawn or an individual already employed may be terminated.

Applicants who are hired will be covered by KBH's workers' compensation policy. Therefore, KBH may require any candidate who is offered a position to pass a pre-employment physical and/or drug test as a condition of employment.

I hereby acknowledge that I have read the foregoing disclosures and understand same.

Signature

Date

Kennebec Behavioral Health is an Equal Opportunity Employer (EEO/M/F/D/V)

EDUCATION AND TRAINING

Please provide complete information about all educational coursework and training. This information allows us to properly identify your qualifications in terms of job-related knowledge and the opportunity to develop specific skills or personal characteristics, and will be considered in reviewing your application.

Type Of School	Name & Location Of School	Major Field Of Study	Years Completed	Graduated? (Yes/No)	Diploma/Degree Received
High School or G.E.D.					
College or University					
Graduate School					
Other Education (trade or technical school, continuing education, etc.)					

Are you planning to pursue further studies? Yes No Where? _____

If so, when and what course(s)? _____

Please indicate any special skills and/or qualifications that you possess, which you feel directly relate to the position for which you are applying or the type of work you are interested in (for example: computers or other business/office equipment; data entry; software; foreign languages spoken, understood, signed; etc.): _____

List all professional licenses or certifications you hold/have held in the past, especially those that are relevant to the position you are seeking (include state of license and date of expiration): _____

_____ Have you ever had disciplinary action taken against a professional license or certification, up to and including revocation? Yes No

List business, professional, trade, or civic activities, memberships and offices held. Exclude any memberships that would reveal gender, race, religion, national origin or ancestry, age, disability, or other protected status: _____

If the position for which you are applying requires driving as part of the job, you must possess a current unrestricted driver's license, provide a copy of your official driving record and proof of auto insurance, and be able to be covered under KBH's auto insurance policy. Do you have a valid and unrestricted driver's license? Yes No
License Number/Expiration Date: _____

Have you been convicted of a traffic violation and/or had your license suspended or revoked in the past 5 years?

Yes No If yes, please explain: _____

Can you provide proof of current auto liability insurance? (KBH requires minimum liability amounts of \$100,000/\$300,000). Yes No

REFERENCES: Please list the names, addresses and phone numbers of three persons not related to you who can provide references. You should have known these people for at least one year. Business and professional people are preferred.

Name			
Occupation			
Address City / State / Zip			
Telephone			

EMPLOYMENT-RELATED INFORMATION

Your work experiences will be used to determine whether you meet KBH requirements and to measure your knowledge, skills and abilities. ***Begin with your most recent experience first, and list your employment-related record. Include all military service, self-employment and volunteer or unpaid work.*** Please provide all information requested, and do not indicate "refer to resume." You may, however, include a resume to supplement the application.

EMPLOYER/ORGANIZATION: _____ POSITION HELD: _____

ADDRESS: _____
NUMBER AND STREET CITY OR TOWN STATE ZIP CODE

SUPERVISOR: _____ TELEPHONE: _____

DATES EMPLOYED: FROM _____ TO _____ FINAL WAGE: _____
Month/Year Month/Year

BRIEF SUMMARY OF JOB DUTIES: _____

HOURS PER WEEK: _____ REASON FOR LEAVING: _____

EMPLOYER/ORGANIZATION: _____ POSITION HELD: _____

ADDRESS: _____
NUMBER AND STREET CITY OR TOWN STATE ZIP CODE

SUPERVISOR: _____ TELEPHONE: _____

DATES EMPLOYED: FROM _____ TO _____ FINAL WAGE: _____
Month/Year Month/Year

BRIEF SUMMARY OF JOB DUTIES: _____

HOURS PER WEEK: _____ REASON FOR LEAVING: _____

EMPLOYER/ORGANIZATION: _____ POSITION HELD: _____

ADDRESS: _____
NUMBER AND STREET CITY OR TOWN STATE ZIP CODE

SUPERVISOR: _____ TELEPHONE: _____

DATES EMPLOYED: FROM _____ TO _____ FINAL WAGE: _____
Month/Year Month/Year

BRIEF SUMMARY OF JOB DUTIES: _____

HOURS PER WEEK: _____ REASON FOR LEAVING: _____

If more space is required to adequately describe your experience, please attach additional sheets.

If you are currently employed, may we contact your present employer? Yes No

Briefly describe your accomplishments (projects, awards, publications, etc.): _____

Please read the following statements carefully. If you understand and agree to the statements, terms and conditions set forth herein, please initial each paragraph where indicated, and sign and date the form at the bottom.

1. **Verification of Accuracy of Statements Made in Employment Application:** I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me in this application or accompanying forms are true, complete and accurate to the best of my knowledge. I further certify that I have personally completed this application. I understand that any false or misleading information or significant omissions on this application or on any documents used to secure employment shall disqualify me from further consideration for employment, or shall be justification for immediate dismissal from employment, if discovered at any point after I have been hired or offered employment.

Initials

2. **Consent to Conduct Background Investigation and Release of Claims Against Providers of Employment-Related Information:** I understand that any offer of employment is conditioned on a background check. I hereby authorize Kennebec Behavioral Health to contact all listed past employers and/or references and to fully investigate and verify all statements and information contained in this application and accompanying documents. I further authorize any person, school, past employer, or other organization or entity named by me to provide any information requested that may be relevant and useful in making a hiring decision. *I expressly release from all liability Kennebec Behavioral Health and its representatives for obtaining and using such information to make employment decisions. I also release my current and former employers, educational institutions, and references from any and all claims, demands or liabilities that might result from providing such information.*

Initials

3. **Employment “At Will” Statement:** I understand that this application is not an employment contract, but merely is intended to evaluate suitability for employment, and that nothing contained in the application or conveyed to me during any interview which may be granted is intended to create an employment contract, implied or explicit, between me and Kennebec Behavioral Health. In addition, I understand, acknowledge and agree that if I accept employment with Kennebec Behavioral Health, *my employment is strictly voluntary and at our mutual will, which means that either I or KBH can terminate the employment relationship at any time, with or without prior notice and for any reason not prohibited by law.* I also understand that no promises or representations contrary to the foregoing are binding on Kennebec Behavioral Health unless made in writing and signed jointly by the Chief Executive Officer and myself.

If I am employed by Kennebec Behavioral Health, I will comply with all existing and future rules and regulations of the agency. I understand and agree that any future changes in my title, duties, compensation, working conditions and/or KBH benefits, policies and procedures are at the sole discretion of the employer and will not alter our at-will relationship.

Initials

4. **Consent to Conduct Pre-Employment Screening If Offered Employment:** I understand that, if I receive a conditional offer of employment and prior to beginning employment, I may be requested to undergo a pre-employment alcohol and drug screen and/or a pre-employment medical examination. By signing this application, I voluntarily agree to submit to such pre-employment screening upon request. In the event that I have a disability that will affect my ability to take the test, I will so inform KBH prior to the administration of the test so that a reasonable accommodation can be made. KBH reserves the right to require medical documentation regarding the need for accommodation. I understand that failure to pass said screening will result in withdrawal of the employment offer.

Initials

5. I have not been excluded or sanctioned for participation in Federal healthcare programs, including Medicare and/or Medicaid. **Initials**

My signature below certifies that I have read and understand this complete page, and that I seek employment in accordance with the terms and conditions outlined in this document.

Applicant's Signature

Date

Attention: If completing this form electronically, please type your full name (including middle initial) in the signature field. For the purposes of this application, placing your name in the signature field and submitting this application to Kennebec Behavioral Health by email qualifies as your legal signature.