

PLEASE PRINT ALL  
INFORMATION  
REQUESTED EXCEPT  
SIGNATURE

Wiscasset Family Medicine, LLC

APPLICATION FOR EMPLOYMENT

PLEASE COMPLETE PAGES 1-5.

DATE \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Maiden

Present address \_\_\_\_\_  
Number Street City State Zip

How long \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

If under 18, please list age \_\_\_\_\_

Position applied for (1) \_\_\_\_\_  
 and salary desired (2) \_\_\_\_\_  
 (Be specific)

Days/hours available to work  
 No Pref \_\_\_\_\_ Thur \_\_\_\_\_  
 Mon \_\_\_\_\_ Fri \_\_\_\_\_  
 Tue \_\_\_\_\_ Sat \_\_\_\_\_  
 Wed \_\_\_\_\_ Sun \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_ Can you work nights? \_\_\_\_\_

Employment desired  FULL-TIME ONLY  PART-TIME ONLY  FULL- OR PART-TIME

When available for work? \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE & DATE RECEIVED
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME?  No  Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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### APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE?  Yes  No

What is your means of transportation to work? \_\_\_\_\_

Driver's license  
number \_\_\_\_\_ State of issue \_\_\_\_\_  Operator  Commercial (CDL)  
 Chauffeur  
Expiration date \_\_\_\_\_

Professional License  
number \_\_\_\_\_ State of issue \_\_\_\_\_  RN  LPN  Medical Assistant  CNA  
Expiration date \_\_\_\_\_

Typing  Yes  No \_\_\_\_\_ WPM      10-key  Yes  No      Word Processing  Yes  No \_\_\_\_\_ WPM  
Personal Computer  Yes  No      PC  Mac  Other Skills \_\_\_\_\_

Please list three to four references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone ( ) _____	Telephone ( ) _____

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone ( ) _____	Telephone ( ) _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**APPLICATION FOR EMPLOYMENT**

**MILITARY**

HAVE YOU EVER BEEN IN THE ARMED FORCES?  Yes  No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?  Yes  No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

Work Experience **Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name.** Attach additional sheets if necessary.

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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	Your Last Job Title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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<b>List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.</b>			

May we contact your present employer?     Yes         No

Did you complete this application yourself     Yes         No

If not, who did? \_\_\_\_\_

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**PLEASE READ CAREFULLY**

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**APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by Wiscasset Family Medicine, LLC (hereinafter called "WFM"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other WFM practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of WFM, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned. Both the undersigned and WFM may end the employment relationship at any time, with specified notice as outlined in the WFM Employee manual. If employed, I understand that WFM may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give WFM permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release WFM from any liability as a result of such contact.

I further understand that my employment with WFM shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with WFM is terminable at will for any reason by either party.

**Signature of applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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WFM is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with WFM depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.