



TRI-COUNTY MENTAL HEALTH SERVICES

We offer hope.

Please send applications to:
TCMHS, PO Box 2008, Lewiston, ME 04241-2008,
Phone: 207-783-9141 Fax: 207-783-4679
or email the application to resume@tcmhs.org

We are an Equal Employment Opportunity employer and do not discriminate in our employment or hiring practices. All qualified applicants will receive consideration without regard to race, color, religion, national origin, age, disability, sex, sexual orientation or any other protected status.

Applicants requiring accommodation for any portion of the application process should contact our Human Resources Dept.

APPLICATION FOR EMPLOYMENT (PLEASE PRINT)			
Last Name:	First:	M.I.:	Today's date:
Mailing Address:			
City:	State:	ZIP Code:	
Phone:	E-mail Address		
Date Available:	Desired Salary Range:	Referred by:	
Position Applied for:	Would you work (choose one or more): F/T P/T As Needed		
Are you legally eligible for employment in the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> (Proof of work authorization will be required upon employment)			
Have you been previously employed by TCMHS? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?			
Have you ever been convicted of a crime? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain:			

EDUCATION			
High School:	Address:		
Number of years completed:	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree awarded:	
College:	Address:		
Number of years completed:	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree awarded:	
Other:	Address:		
Number of years completed:	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree awarded:	

EMPLOYMENT - *IMPORTANT* YOU MUST COMPLETE THIS SECTION EVEN IF ATTACHING A RESUME			
Company:	Phone: ()		
Address:	Supervisor:		
Job Title:	Starting Salary \$	Ending Salary \$	
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

EMPLOYMENT (CONTINUED) - USE ADDITIONAL SHEETS AS NECESSARY

Company:	Phone: ()
----------	---------------

Address:	Supervisor:
----------	-------------

Job Title:	Starting Salary \$	Ending Salary \$
------------	--------------------	------------------

Responsibilities:

From:	To:	Reason for Leaving:
-------	-----	---------------------

May we contact your previous supervisor for a reference? YES NO

Company:	Phone: ()
----------	---------------

Address:	Supervisor:
----------	-------------

Job Title:	Starting Salary \$	Ending Salary \$
------------	--------------------	------------------

Responsibilities:

From:	To:	Reason for Leaving:
-------	-----	---------------------

May we contact your previous supervisor for a reference? YES NO

REFERENCES (OTHER THAN PREVIOUSLY IDENTIFIED SUPERVISORS)

Full Name:	Relationship:
------------	---------------

Address:	Phone: ()
----------	---------------

Full Name:	Relationship:
------------	---------------

Address:	Phone: ()
----------	---------------

PROFESSIONAL LICENSE OR CERTIFICATION:

License Type:	Issued By:
---------------	------------

Issue Date:	Expiration Date:
-------------	------------------

Has there ever been disciplinary action taken toward your professional license/certification? YES NO

If yes, please explain:

APPLICANT AGREEMENT

I certify that my answers are true and complete to the best of my knowledge and that I have not knowingly withheld any facts or circumstances. I understand that if employed, false statements on this application may result in my immediate termination or effectively end further consideration of my candidacy if not employed. I further understand that no supervisor or representative of TCMHS is authorized to make any assurances contrary to employment being at will and that no implied oral or written agreements are valid unless they are in writing and signed by the agency's Executive Director.

I authorize TCMHS, its representatives, employees or agents to contact and obtain information from all references, employers, public agencies, licensing authorities and educational institutions to verify the accuracy of the information I have provided in this application.

Signature: _____ Date: _____

IMPORTANT If you are completing this form electronically, please type your initials in the signature field. For the purposes of this application, placing your initials in the signature field and submitting this application to TCMHS by email qualifies as your legal signature.