



AMHC

## APPLICATION GUIDE

Enclosed please find the Application packet that you requested. Please review the checklist below before sending us the completed application to be sure that all supporting documents are included.

- \* Completed and Signed Application
- \* Resume
- \* College Transcripts
- \* College Diploma (copy)
- \* Copies of Professional Licenses or Certifications (if applicable)
- \* Certifications, (e.g.: First Aid, CPR, Medication, Mandt)

43 Hatch Drive  
P.O. Box 1018  
Caribou, ME 04736-1018

Phone: 207-498-6431  
Fax: 207-492-3181  
TDD: 207-764-3903  
HELPLine: 888-568-1112  
[www.amhc.org](http://www.amhc.org)

Application materials and questions about employment should be forwarded to:

Ronald G. Thibodeau  
Assistant Director of Personnel Services  
AMHC  
P. O. Box 1018  
Caribou, Maine 04736-1018  
Telephone: 207/498-6431  
E-Mail: [RThibodeau@amhc.org](mailto:RThibodeau@amhc.org)

#### AFFILIATIONS

Maine Association  
of Mental  
Health Services

Maine Association  
of Substance  
Abuse Programs

Maine Coalition  
Against Sexual  
Assault

Mental Health  
Corporations  
of America

National Council for  
Community Behavioral  
Healthcare

Application materials **must be submitted** on or before the closing date of the position for which you are applying.

Thank you for your interest in pursuing employment with AMHC.



**AMHC**

# EMPLOYMENT APPLICATION

Applicants will receive consideration without discrimination because of race, creed, color, gender, sexual orientation, age, national origin, handicap, or veteran status. This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner; no action will be taken on this application until all questions have been answered.

**[PLEASE PRINT OR TYPE CLEARLY]**

<b>LAST NAME</b>	<b>FIRST</b>	<b>MIDDLE</b>	<b>DATE</b>
<b>STREET ADDRESS</b>			<b>HOME PHONE</b>
<b>CITY, STATE, ZIP</b>			<b>BUSINESS PHONE</b>
<b>POSITION DESIRED</b>			<b>SOCIAL SECURITY NUMBER</b>
<b>LOCATION</b>			<b>E-MAIL ADDRESS</b>
<b>HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH US?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>IF YES, PLEASE FILL IN THE MONTH AND YEAR</b>		<b>IN CASE OF EMERGENCY - PLEASE CALL</b>	
<b>MONTH</b>		<b>YEAR</b>	

LIST ANY OTHER NAMES YOU HAVE BEEN KNOWN BY: \_\_\_\_\_

<b>NAME AND ADDRESS (TRANSCRIPTS OF GRADES WILL BE REQUIRED FROM EACH SCHOOL)</b>	<b>COURSE OF STUDY / MAJOR</b>	<b>YEARS ATTENDED</b>	<b>DID YOU GRADUATE?</b>	<b>YEAR GRADUATED</b>	<b>TYPE OF DEGREE OR DIPLOMA</b>
<b>POST GRADUATE</b>			<input type="checkbox"/> YES <input type="checkbox"/> NO		
			<input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>GRADUATE</b>			<input type="checkbox"/> YES <input type="checkbox"/> NO		
			<input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>UNDER-GRADUATE</b>			<input type="checkbox"/> YES <input type="checkbox"/> NO		
			<input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>OTHER</b>			<input type="checkbox"/> YES <input type="checkbox"/> NO		
			<input type="checkbox"/> YES <input type="checkbox"/> NO		

**PUBLICATIONS, TEACHING EXPERIENCE, RESEARCH, CONFERENCES, AND WORKSHOPS PRESENTED:**

---



---



---



Has your membership in any professional organization ever been denied, investigated, revoked or suspended, or is any such action pending?

YES  NO

Has a renewal of any of your professional memberships ever been denied?

YES  NO

Have you been subject to any disciplinary proceedings by any professional association or organization, or is any such action pending?

YES  NO

If your answer to any of the above is yes, explain:

**CURRENT MALPRACTICE LIABILITY INSURANCE DATA:** Indicate name and address of your insurance carrier and policy number. [IF NONE, SO STATE.]

Expiration Date: \_\_\_\_\_ Amount of Coverage: \_\_\_\_\_

Have any malpractice claims ever been filed against you within the last ten years, or are any currently pending?

YES  NO

Have any malpractice allegations involving your work ever been settled by you or your carrier prior to the filing of either a claim or lawsuit?

YES  NO

If your answer to either of the above is yes, explain each claim or allegation, the circumstances, including relevant dates, and how it was

**CRIMINAL CONDUCT:** Please be advised that answering YES to the following questions will not necessarily disqualify an applicant from employment. Factors such as age at the time of offense, type of offense, remoteness of the offense in time, and rehabilitation will be taken into account in determining the effect on the suitability for employment.

1. Have you ever been convicted of a crime, pled guilty, "nolo," or no contest?

YES  NO

If your answer is yes, explain the nature of the charge(s), relevant date(s), location(s), and how the matter(s) was disposed.

2. Is there a criminal action currently pending against you?

YES  NO

If yes, please list approximate date, nature of offense, location and status.

3. Have you ever been investigated for engaging in child abuse, elder abuse, or client abuse--as an adult or a minor?

YES  NO

If yes, please list approximate dates, nature of offense, location, status, and penalty.

**VALID LICENSES / CERTIFICATION / REGISTRATIONS:** Clinical, narcotics, etc. Indicate all current licenses, certifications and registrations. Identify source.

TYPE	DATE	AGENCY/STATE/PROVINCE	NUMBER	EXPIRATION

If you do not currently have a clinical practice or professional license, are you license eligible in the State of Maine?

YES       NO

If yes, have you recently applied for licensure?

Date applied \_\_\_\_\_ License Type \_\_\_\_\_ Date of Exam \_\_\_\_\_

Have any of your licenses, certifications, or registrations ever been investigated, suspended, revoked, or restricted?

YES       NO

Is any action currently pending to investigate, suspend, revoke, or restrict any of your licenses, certificates or registrations?

YES       NO

If yes, explain: \_\_\_\_\_

**MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS:** Indicate current memberships in any local, state or national professional associations or organizations, including any special board certification(s).

ORGANIZATION	DATE BECAME MEMBER

**PROFESSIONAL REFERENCES:** LIST THE NAMES, ADDRESSES, AND TELEPHONE NUMBERS OF THREE (3) PROFESSIONAL REFERENCES WITH RECENT EXPERIENCE IN OBSERVING AND WORKING WITH YOU. AT LEAST TWO REFERENCES MUST HAVE NO AFFILIATION OR CONNECTION WITH AMHC.

1.	LAST NAME	FIRST	MIDDLE	HOME PHONE
	STREET ADDRESS			BUSINESS PHONE
	CITY, STATE, ZIP			RELATIONSHIP TO APPLICANT
2.	LAST NAME	FIRST	MIDDLE	HOME PHONE
	STREET ADDRESS			BUSINESS PHONE
	CITY, STATE, ZIP			RELATIONSHIP TO APPLICANT
3.	LAST NAME	FIRST	MIDDLE	HOME PHONE
	STREET ADDRESS			BUSINESS PHONE
	CITY, STATE, ZIP			RELATIONSHIP TO APPLICANT

## CLINICAL / FIELD WORK TRAINING

Indicate graduate (G) or Post-graduate (P), and fellowships (F), internships (I), residencies (R), teaching appointments (T), etc., beginning with the most recent.

TYPE	NAME AND LOCATION	SUPERVISOR	LENGTH OF TIME

### STATEMENT OF APPLICANT

All information submitted by me in this application is accurate, truthful, and current to my best knowledge and belief. I fully understand that if I am employed, any misstatement in or omission from this application shall be sufficient cause for denial of or for immediate dismissal of employment.

I understand that acceptance of an offer of employment does not create a contractual obligation upon AMHC to continue to employ me in the future.

In making this application for employment with AMHC, I acknowledge my obligation to provide good and appropriate clinical services to the clients whom I serve.

By applying for employment, I hereby signify my willingness to appear for interviews in connection with this application. I hereby authorize AMHC and its representatives to contact administrators and members of staff of other facilities or institutions with which I have been associated, and with any person, organization or others, including past and present malpractice liability insurance carriers, who may have information bearing on my professional competence, character, and ethical qualifications. I hereby further consent to the inspection, by AMHC, and its representatives, of all documents, including clinical records at hospitals and other facilities, that may be material to an evaluation of my professional qualifications and competence to become or continue as a member of the staff. I recognize that as a condition of employment, AMHC will conduct an investigation into substantiated cases of child abuse, elder abuse and patient/client abuse involving myself as a perpetrator.

I hereby release from liability all representatives of AMHC and its staff, including, without limitation, its officers, directors, agents and employees, for all their acts performed in good faith and without malicious intent in connection with evaluating my application, my credentials and qualifications. I also hereby release from liability any and all individuals and organizations who provide information to AMHC or its staff in good faith and without malicious intent concerning my professional competence, ethics, character and other qualifications, and I hereby consent to the release of such information.

I understand and agree that I, as an applicant for employment, have the burden of producing adequate information for proper evaluation of my professional competence, character, ethics, and other qualifications, and for resolving any doubts about such qualifications. I also understand employment is contingent upon successful completion of a background check and proof of eligibility for employment in the United States. By signing this document, I acknowledge that employment with AMHC is at-will.

---

SIGNATURE OF APPLICANT

---

DATE