



Applications can be mailed to:
 WMBH
 284 Main St. Ste 150 Wilton, ME 04294
 Phone: 207.645.2913 Fax: 207.645.2983

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 please contact us.

APPLICATION FOR EMPLOYMENT (PLEASE PRINT)			
Last Name:	First:	MI:	Today's Date:
Mailing Address:			
City:	State:	Zip Code:	
Phone:		Email:	
Date Available:	Desired Salary Range:	Referred by:	
Position Applied for:		Would you work (choose any): F/T P/T As Needed	
Have you been previously employed by WMBH?	Yes No	If yes, when:	
Have you ever been convicted of a crime?	Yes No	If yes, explain:	
EDUCATION			
High School:		Address:	
Number of years completed:	Did you graduate: Yes No	Degree awarded:	
Year graduated:			
College:		Address:	
Number of years completed:	Did you graduate: Yes No	Degree awarded:	
Other:		Address:	
Number of years completed:	Did you graduate: Yes No	Degree awarded:	
EMPLOYMENT - *IMPORTANT* YOU MUST COMPLETE THIS SECTION EVEN IF ATTACHING A RESUME			
Company:		Phone:	
Address:		Supervisor:	
Job Title:	From:	To:	
Responsibilities:			
Reason for leaving:			
May we contact your previous supervisor for a reference? Yes No			
Company:		Phone:	
Address:		Supervisor:	
Job Title:	From:	To:	
Responsibilities:			
Reason for leaving:			
May we contact your previous supervisor for a reference? Yes No			



Please send applications to:
WMBH
 284 Main St. Ste 150 Wilton, ME 04294
 Phone: 207.645.2913 Fax: 207.645.2983
 or email to: westernmainebbehavioralhealth@gmail.com

EMPLOYMENT (CONTINUED) – USE ADDITIONAL SHEETS AS NECESSARY			
Company:		Phone:	
Address:		Supervisor:	
Job Title:	From:	To:	
Responsibilities:			
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 any disciplinary action taken toward your professional license/certification? Yes No			
If yes, explain:			

APPLICANT AGREEMENT
<p>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 WMBH 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.</p> <p>I authorize WMBH, 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.</p>
<p>Signature: _____</p> <p>Date: _____</p>
<p>*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 WMBH by email qualifies as your legal signature.</p>