



FMH is an Equal Employment Opportunity Employer. We consider applicants without regard to race, color, religion, creed, sex, national origin, ancestry, age disability, veteran status, sexual orientation and/or marital status or any other status legally protected by federal, state, or local law.

MISSION

To contribute to the health and well-being of area residents by providing quality healthcare in a caring, cost efficient, and convenient manner through a coordinated program of prevention, diagnosis, treatment, rehabilitation, and support.

PERSONAL

First Name: _____ MI: _____ Last Name: _____

Other Names: _____ Email: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Contact Phone: _____ Other Phone: _____

What position are you applying for: _____

Do you have any commitments to another employer that might affect your employment with FMH? Yes No

If hired for a nursing position (CNA, RN or Unit Secretary), would you be available for 2 weeks of mandatory orientation? Yes No N/A

Specify type of hours desired: Full-Time Part-Time Emergency Relief Per Diem
 Days Evenings Nights Weekends

Please check the days of the week you can work:

Sunday Monday Tuesday Wednesday Thursday Friday Saturday ALL

Are you available to work rotating weekends and/or holidays? Yes No

Minimum salary expected: _____ Date available to begin work: _____

If you are a minor, can you produce the work certificate necessary to obtain employment? Yes No Not applicable

Have you ever applied to FMH before? Yes No

Have you ever been employed with FMH? Yes No If yes, give specific position and dates: _____

How did you initially learn about the opportunity? _____

FMH has an employee referral bonus program and policy. As such, it is important that we have the name of the current employee if they referred you. If so, please provide his/her name. _____

FMH has a policy that prohibits employees from directly supervising relatives. As such, it is important for FMH to know if an employee would be working in a situation that is prohibited under FMH policy. Therefore, do you have any relatives employed at FMH? Yes No

If yes, please provide their name(s) and department(s). _____

Have you been convicted of a felony or misdemeanor? Note: This question does not apply to convictions that have been expunged, sealed, pardoned, or other wise exonerated or eradicated. A conviction record will not necessarily be a bar to employment. A conviction which is substantially related to the functions or qualifications of the position for which you are applying may be taken into consideration. Yes No If yes, please describe fully the criminal conviction(s), listing the nature of the offense(s) and your rehabilitation since the conviction(s). _____

Are you able at the time of employment, to submit verification of your legal right to work in the U.S.? (Verification and completion of form I-9 must be submitted no later than three business days after date of hire.) Yes No

Do you have adequate transportation to come to work on time each day? Yes No

A pre-placement, post offer, physical exam is required, including a drug screen.

Do you agree to comply with this policy? Yes No

EDUCATION

	School/Institution City – State	Did You Graduate?	Diploma/Degree Awarded
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vocational/Technical		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University (Undergraduate)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University (Graduate)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	

List additional information applicable to the job in which you have applied for (Ex. Special qualifications, skills and accomplishments).

LICENSES, CERIFICATIONS, AND/OR REGISTRATIONS – INDICATE CURRENT AND PENDING

License/Cert/Registration	State/License Number	Date/Year Issued	Expiration Date

EMPLOYMENT

Provide a complete employment history beginning with the most recent employer. Fill in all blanks.

1. Most Recent Employer

Employer name _____ City, State _____

Job Title _____ Dates of employment (From – To) _____

Supervisor's name _____ Supervisor's phone number _____

Salary/hourly rate _____ Check one Full-Time Part-Time PRN

Job duties and responsibilities _____

Reason for leaving: _____

2. Employer name _____ City, State _____

Job Title _____ Dates of employment (From – To) _____

Supervisor's name _____ Supervisor's phone number _____

Salary/hourly rate _____ Check one Full-Time Part-Time PRN

Job duties and responsibilities _____

Reason for leaving: _____

3. Employer name _____ City, State _____

Job Title _____ Dates of employment (From – To) _____

Supervisor's name _____ Supervisor's phone number _____

Salary/hourly rate _____ Check one Full-Time Part-Time PRN

Job duties and responsibilities _____

Reason for leaving: _____

4. Employer name _____ City, State _____

Job Title _____ Dates of employment (From – To) _____

Supervisor's name _____ Supervisor's phone number _____

Salary/hourly rate _____ Check one Full-Time Part-Time PRN

Job duties and responsibilities _____

Reason for leaving: _____

Please list any additional employers you have worked for. Include employer name, dates of employment and position held.

Have you ever been placed on probation, suspended, asked or told to resign, or terminated by an employer for any reason? Yes No

If yes, please explain: _____

Please indicate any periods of unemployment and the reason: _____

REFERENCES

May we contact your current employer? Yes No Not applicable

Professional References: (*Excluding relatives*)

1. Name:	Phone Number:	Company:	Position:
2. Name:	Phone Number:	Company:	Position:
3. Name:	Phone Number:	Company:	Position:

QUESTIONS

Have you ever been disqualified or suspended from working for an employer that received Medicare, Medicaid, or other Federal funds? Yes No If yes, please explain: _____

Why do you want to work at FMH? _____

Why should FMH want to hire you? _____

ACKNOWLEDGEMENT

I understand that this application is not a contract, offer or promise of employment. By filling out this application, I am genuinely interested in working for FMH and I understand that an offer of employment may be subject to receipt of satisfactory reports and the accuracy of all pre-employment information I have supplied. I acknowledge that employment with FMH is on an at-will basis. I am free to terminate my employment with FMH at any time for any reason. Similarly, FMH is free to terminate our employment relationship at any time, with or without cause or advance notice. Acceptance of employment is not a contract for any specified time.

If employed, I will be required to abide by FMH's rules and regulations, consistent with applicable federal, state, and local law. I understand that FMH has complete discretion to modify its policies, rules, regulations, and practices at any time, to the extent allowed by federal or state laws, except that it will not modify its policy of employment at-will. By my continued employment with the company, I consent to any changes.

If employed, I agree to rotate shifts as required when necessary. I understand that all employees must serve a 90-day probationary period after date of employment. I understand that, as a condition of employment, I must sign and comply with FMH's Confidentiality Agreement.

I hereby authorize FMH or its agents to verify all statements contained in this applications and/or resume to the extent permitted by federal, state, or local law. To the extent permitted by federal, state or local law, I release all parties from any liability arising out of this provision and the use of such information.

I certify that the above information is complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of information on this form relating to my application of employment may result in my denial of employment, or if employed, my immediate dismissal.

I understand that neither this document, or any other document or letters received by me during my employment with FMH nor any offer of employment from FMH, nor any statement made by a FMH agent or representative constitute an employment contract, unless agreed to in a specific document to that effect by FMH and me in writing.

Signature: _____

Date: _____

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100.

Signature: _____

Date: _____