

# Nurse Anesthesia of Maine, LLC

## Application for Employment

*(Please read before completing this application)*

NOTE: The policy of Nurse Anesthesia of Maine is to provide equal employment opportunities to all applicants without regard to race, color, religion, sex, sexual orientation, age, national origin, disability, disabled veterans and/or veterans of the Vietnam-era.

PLEASE COMPLETELY ANSWER EVERY QUESTION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Work Telephone Number: \_\_\_\_\_

Cellular Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Length of Time at above Address: \_\_\_\_\_

List Previous Addresses, if address changed during the past 5 years:

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

Position Applied for: \_\_\_\_\_ Full-time: [ ] Part-time: [ ] Per Diem: [ ]

Date Available for Employment: \_\_\_\_\_ Referred by: \_\_\_\_\_

Only U.S. citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, provide genuine documentation establishing your identity and eligibility to be legally employed in the U.S.?  
 YES  NO

### EDUCATION

	Name/Location of School	Circle last year completed	Did you graduate?	Area of study / degree received
COLLEGE		1 2 3 4 5 6	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ANESTHESIA SCHOOL			<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER			<input type="checkbox"/> Yes <input type="checkbox"/> No	

**EMPLOYMENT HISTORY**

*Please provide the requested information on all employers (including military service) listing your most recent employer first. If this requires more space, please attach on a separate page. Please explain any gaps in your employment history on a separate page. If you have not worked in the past three years, list volunteer work on a separate page.*

Date Month/Year	Employer Name and Address	Position	Reason for Leaving	Compensation Rate
From:  To:				
From:  To:				
From:  To:				
From:  To:				
From:  To:				

Have you ever been convicted of a crime, pled *nolo contendere* or *no contest*?

Yes  No *If yes, please explain in detail, listing date, nature of offense and status (attach a separate page if necessary).*

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Is there any criminal action currently pending against you?

Yes  No *If yes, please explain in detail (attach a separate page if necessary).*

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**REFERENCES**

Nurse Anesthesia of Maine requires three (3) references from anesthesia providers. *New graduates please include academic and clinical references.*

Name and Title	Hospital/ Company	Mailing Address	Telephone & Email & Fax
1.			
2.			
3.			

**PROFESSIONAL LICENSES/CERTIFICATIONS/MEMBERSHIPS**

RN License (please provide a copy)

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State(s) Issued	Expiration Date	License Number
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Do you have a current State of Maine RN License?

Yes  No (*If yes, please provide a copy*)

Do you have a current State of Maine Advanced Practice License?

Yes  No (*If yes, please provide a copy*)

Are you currently a member of AANA?  Yes  No (*If yes, please provide a copy*)

CRNA Certification/Recertification (*Please provide a copy*)

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Date Issued	Expiration Date
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**CERTIFICATIONS**

ITEM	YES/NO	Expiration Date	Copy Attached <i>(please check)</i>
BCLS			
ACLS			
PALS			

Do you have any other certifications?

Yes  No *(If yes, please list and provide copies of such):*

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If pending Certification, please indicate the date you plan on taking Boards: \_\_\_\_\_

Have you ever had your RN or APN license revoked?

Yes  No *(If yes, please explain in detail on a separate page)*

Have you ever voluntarily surrendered your RN or APN license?

Yes  No *(If yes, please explain in detail on a separate page)*

Have you ever had a professional license revoked or suspended, or have you ever voluntarily surrendered a professional license?

Yes  No *(If yes, please explain in detail on a separate page)*

Have your hospital credentials ever been suspended or denied?

Yes  No *(If yes, please explain in detail on a separate page)*

Has your National Certification as a CRNA ever been suspended or denied?

Yes  No *(If yes, please explain in detail on a separate page)*

Have you ever been on inactive status as a CRNA?

Yes  No *(If yes, please explain in detail on a separate page)*

Have you ever received notice of a claim or been a defendant in a medical malpractice suit arising from or in connection with your individual professional services?

Yes  No *(If yes, please explain in detail on a separate page)*

Are you aware of any potential claim arising from or in connection with your individual professional services?

Yes  No (*If yes, please explain in detail on a separate page*)

Do you have a current, valid Driver's License?  Yes  No

State Issued: \_\_\_\_\_ License #: \_\_\_\_\_

Please list any moving motor vehicle violations for the past five (5) years:

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Please list any awards, special distinctions, memberships in professional organizations, papers submitted for publication, etc.

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PLEASE READ THE FOLLOWING STATEMENT CAREFULLY BEFORE SIGNING:

I certify that the facts set forth in my application for employment with Nurse Anesthesia of Maine are true and complete. I understand that, if employed by Nurse Anesthesia of Maine, any erroneous, false or misleading statements about or omissions of requested information on this application or otherwise provided during the employment application process shall result in my termination of employment. I agree that Nurse Anesthesia of Maine shall not be liable in any respect if my employment is terminated as a result of the falsity of statements, answers, or omissions made by me in this application.

I authorize Nurse Anesthesia of Maine and appropriate providers to verify all statements contained in this application, to make any and all necessary reference checks, and to contact any or all of my prior and current employers.

I authorize the references and employers listed previously to give Nurse Anesthesia of Maine and appropriate providers any and all information concerning my previous and current employment and any pertinent information they may have, personally or otherwise; and I release all persons, employers, and Nurse Anesthesia of Maine and appropriate providers from liability for any damage or injury that may result from furnishing such information to Nurse Anesthesia of Maine.

If employed, I agree to conform to all policies, rules, and procedures of Nurse Anesthesia of Maine. I recognize that employment at Nurse Anesthesia of Maine is at-will, and if employed, such employment can be terminated by Nurse Anesthesia of Maine or me at any time for any or no reason. No person or group of persons other than the President/Chief Executive Officer has the authority to contractually bind Nurse Anesthesia of Maine regarding terms and conditions of employment or to modify the at-will status of all employment at Nurse Anesthesia of Maine.

I understand that this application and all attachments are the property of Nurse Anesthesia of Maine.

APPLICANT'S  
NAME: \_\_\_\_\_

*(please print)*

APPLICANT'S  
SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

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NUMBER OF PAGES ATTACHED TO THIS  
APPLICATION: \_\_\_\_\_

*NOTE:* This application will be given every consideration, but its receipt does not imply that the applicant will be employed. This application will remain active for a period of twelve (12) months. If, after such time, you still wish to be considered for employment, then you must re-apply.

*THANK YOU FOR YOUR INTEREST IN NURSE ANESTHESIA OF MAINE!*