

Today's Date: _____		Social Security Number: _____		Date of birth if under age 18: _____	
Last Name _____		First Name _____		Nickname _____	
Full Middle Name _____		Message Telephone Number: _____			
Address: _____		Street _____		City _____ State _____ Zip _____	
Telephone Number: _____		Email: _____			
Position Applied for: _____		Are you willing to work _____ () Full Time () Part Time () Per Diem () Summer () Temporary		List all hours you are available to work: _____	
Date Available to Start Work: _____		Are you eligible to be lawfully employed in the U.S.? () Yes () No Proof of citizenship or immigration status will be required upon employment.		Do you realize that it may be necessary for you to work weekends, holidays or rotation shift? () Yes () No	
Education Circle the highest grade completed: Grade School: 1 2 3 4 5 6 7 8 High School 9 10 11 12 College: 13 14 15 16 17					
School Attended		City		State	
Zip		Course of Study		Did you graduate?	
High School					
College					
Technical					
Employment Record - List last 4 employers, beginning with most recent. Note: do not write "see resume"					
Employer Name: _____		Dates employed: _____ to _____		Supervisor: _____	
Address: _____		Position and Duties: _____		Reason for leaving _____	
City, State, Zip: _____		Salary: _____		May we check references? () Yes () No	
Phone: _____					
Employer Name: _____		Dates employed: _____ to _____		Supervisor: _____	
Address: _____		Position and Duties: _____		Reason for leaving _____	
City, State, Zip: _____		Salary: _____		May we check references? () Yes () No	
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Address: _____		Position and Duties: _____		Reason for leaving _____	
City, State, Zip: _____		Salary: _____		May we check references? () Yes () No	
Phone: _____					
ALL APPLICANTS COMPLETE:					
Keyboarding Yes No Speed: _____ WPM Number of Years of study? _____					
Computer Skills: Word Excel Access Power Point Fax Internet Email Scanner Other					
NURSING & HOME HEALTH APPLICATIONS COMPLETE:					
Check areas you have experience or special interest in:					
() Inpatient & Special Care () ED () Inpatient & Obstetrics () Physician Practices () Home Health () Surgery () PACU					
() Other, please specify: _____					
() Maine nursing license number is: _____ Expires: _____ Copy is Attached. () I applied for my Maine license on (date): _____					
() I am a Certified Nursing Assistant and am on the Maine CNA Registry. A copy of my CNA certificate is attached.					
() I applied to the Maine CNA Registry on (date): _____					
NON-NURSING REGISTERED/CERTIFIED APPLICANTS TO COMPLETE:					
Registrations and/or certifications: (attach copies)					
Agency: _____		Number: _____		Expiration: _____	
Agency: _____		Number: _____		Expiration: _____	

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The Journal of the Dental Association of South Africa ,1957 *The Angina Monologues* Rosamund Kendal,2010

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SAMT ,1992-07 **New African** ,2003 **The Heart of Africa** Simon Stewart,Karen Sliwa,Ana Mocumbi,Albertino

Damasceno,Mpiko Ntsekhe,2016-07-12 While many high income countries observe a relative decline in the population impact of heart disease and deal with the problem of an older patient population who readily survive earlier non fatal encounters with the condition Africa contends with a typically younger population with frequently advanced and often fatal heart disease While high income countries exclusively deal with non communicable forms of heart disease Africa contends with both communicable and non communicable forms of heart disease Designed to provide anyone with an interest in heart disease in Africa with an immediate sense of how the area is progressing from a clinical to research perspective in responding to this evolving epidemic Presents salient research uncovering the evolving burden of communicable and non communicable forms of heart disease Includes content on maternal heart disease infant and childhood heart disease risk and prevention heart failure and other common forms of heart disease in rural and urban communities in Africa Medical Proceedings ,1967

The Human Cost of African Migrations , South African Pressclips ,1992-05 **AF Press Clips** United States Department of State. Bureau of African Affairs,1989 The South African Journal of Physiotherapy ,1986

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