

COÖS COUNTY NURSING HOME

P.O. Box 416

BERLIN, NH 03570

(603) 752-2343

Application For Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Form with fields: Position(s) Applied For, Date of Application, How Did You Learn About Us? (Advertisement, Friend, Walk-In, Employment Agency, Relative, Other)

Form with fields: Last Name, First Name, Middle Name, Other names used since age 16, i.e. maiden name—List Here, Address, Telephone Number(s), Social Security Number

Series of questions with checkboxes: If you are under 18 years of age, can you provide required proof of your eligibility to work? Have you ever filed an application with us before? Have you ever been employed with us before? Have you any relatives working for us? Are you currently employed? May we contact your present employer? Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? On what date would you be available for work? Are you available to work: Full Time, Part Time, Shift Work, Temporary? Are you currently on "lay-off" status and subject to recall? Can you travel if a job requires it? Have you ever been convicted of a crime and/or do you have any criminal charges pending against you?

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate School				
Graduate Professional				
Other (Specify)				

List any certificate and/or license you carry with expiration date and State (if applicable) in which held.

License # _____ Expiration Date _____ State _____

License # _____ Expiration Date _____ State _____

CPR Certificate Expiration Date _____ Mantoux Test

IV Certificate Expiration Date _____ (2 step) copy obtained _____

Indicate any foreign languages you can speak, read and/or write.

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1. Employer (Present/Last Job)		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
2. Employer (First Most Recent)		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
3. Employer (Second Most Recent)		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
4. Employer (Third Most Recent)		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment, education, or other experience.

Specialized Skills - Check Skills/Equipment Operated

<input type="checkbox"/> PC	<input type="checkbox"/> Microsoft Access	Other (list):
<input type="checkbox"/> Calculator	<input type="checkbox"/> Spreadsheet Programs	_____
<input type="checkbox"/> Keyboard	<input type="checkbox"/> Excel <input type="checkbox"/> Lotus 1-2-3	_____
<input type="checkbox"/> Copier	<input type="checkbox"/> Word Processing Programs	_____
<input type="checkbox"/> Fax	<input type="checkbox"/> Word <input type="checkbox"/> WordPerfect	_____

State any additional information you feel may be helpful to us in considering your application.

References (Persons not related to applicant)

- (Name) (Telephone #)

(Address)
- (Name) (Telephone #)

(Address)
- (Name) (Telephone #)

(Address)

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

Applicant's Agreement

I hereby grant permission for the authorities of Coös County to investigate my references and release said County from any and all liability resulting from such investigation.

Signature of Applicant

Date

For Personnel Department Use Only

References Sent for:

- 1 Date Sent _____ Received _____
 2 Date Sent _____ Received _____
 3 Date Sent _____ Received _____
 Personal Date Sent _____ Received _____

A. Board of Nursing Registry:

Valid License: Yes No Date verified: _____

Disciplinary Action: Yes No

B. NH State Police: Sent _____ Received _____ Findings _____

C. Bureau of Elderly & Adult Services: Sent _____ Received _____ Findings _____

D. Office of Inspector General's "exclusions list": Date checked _____ Findings _____

E. OIG epls.gov: Date checked _____ Findings _____

F. National Sex Offenders Registry: Date checked _____ Findings _____

Interview: Yes No Date _____

Remarks: _____

Employed Conditionally: Yes No Date _____

Date Physical Received: _____

Date Mantoux Received: _____

Date of Employment Without Conditions: _____

Job Title: _____ Hourly Rate/Salary: _____

Department _____