

COÖS COUNTY NURSING HOSPITAL

P.O. Box 10

West Stewartstown, NH 03597

(603) 246-3321

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)

Position(s) Applied For	Date of Application
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative
	<input type="checkbox"/> Walk-In
	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Any Prior Name(s) Used (such as maiden name, prior married name, or name change)		
Address	Number	Street
		City
		State
		Zip Code
Telephone Number(s)	Social Security Number	

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
If Yes, give date _____

Have you ever been employed with us before? Yes No
If Yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
Proof of citizenship or immigration status will be required upon employment.

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? Yes No

Can you travel if a job requires it? Yes No

Have you ever been convicted of a crime that has not been annulled by a court and/or do you have any criminal charges pending against you? Yes No
If Yes, please explain _____

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 _____

IV Certificate Expiration Date _____

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.

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				
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				
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				
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"/> Fax	Other (list):
<input type="checkbox"/> Calculator	<input type="checkbox"/> Spreadsheet Programs	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Excel <input type="checkbox"/> Lotus 1-2-3	_____
	<input type="checkbox"/> Word Processing Programs	_____
	<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)

1.	_____	_____
	(Name)	(Telephone #)

	(Complete Mailing Address)	
2.	_____	_____
	(Name)	(Telephone #)

	(Complete Mailing Address)	
3.	_____	_____
	(Name)	(Telephone #)

	(Complete Mailing 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 2 3 Personal

Board of Nursing Registry:

Valid License: Yes No

Disciplinary Action: Yes No

Interview: Yes No Date _____

Remarks: _____

Employed Conditionally: Yes No Date _____

Date Physical Received: _____

Date Criminal Record Check Received: _____

Date of Employment Without Conditions: _____

Job Title: _____

Hourly Rate/Salary: _____

Department _____

COÖS COUNTY NURSING HOSPITAL
West Stewartstown, NH

RE: _____ TO: _____

The above named person has applied for employment as _____ at this institution and has indicated current or former employment with you or has listed you as a personal reference. It would be appreciated if you would complete this form and supply us with any other available information on the applicant's background and qualifications. All information will be considered confidential.

A stamped, self-addressed envelope is enclosed for your convenience.

Very truly yours,

Applicant's Name: _____

CURRENT/FORMER EMPLOYMENT ONLY

Position Held: _____ From: _____ To: _____

Reason for Leaving: _____

Were Services Satisfactory? _____ If Not, State Reason _____

Would You Re-employ? _____

CURRENT/FORMER EMPLOYMENT OR PERSONAL REFERENCE

Please check items below concerning the applicant:

	Superior	Average	Poor	Unknown
Reliability	_____	_____	_____	_____
Performance	_____	_____	_____	_____
Conduct	_____	_____	_____	_____
Initiative	_____	_____	_____	_____
Honesty	_____	_____	_____	_____

Do you know of anything which would prevent this applicant from making an acceptable or satisfactory employee? _____

(Use back of this page for additional information)

Date: _____

Signed: _____

Title: _____

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