

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
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How Did You Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____

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

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# 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)		<b>Dates Employed</b>		<b>Work Performed</b>
		<b>From</b>	<b>To</b>	
Address				
Telephone Number(s)		<b>Hourly Rate/Salary</b>		
		<b>Starting</b>	<b>Final</b>	
Job Title	Supervisor			
Reason for Leaving				
Employer (First Most Recent)		<b>Dates Employed</b>		<b>Work Performed</b>
		<b>From</b>	<b>To</b>	
Address				
Telephone Number(s)		<b>Hourly Rate/Salary</b>		
		<b>Starting</b>	<b>Final</b>	
Job Title	Supervisor			
Reason for Leaving				
Employer (Second Most Recent)		<b>Dates Employed</b>		<b>Work Performed</b>
		<b>From</b>	<b>To</b>	
Address				
Telephone Number(s)		<b>Hourly Rate/Salary</b>		
		<b>Starting</b>	<b>Final</b>	
Job Title	Supervisor			
Reason for Leaving				
Employer (Third Most Recent)		<b>Dates Employed</b>		<b>Work Performed</b>
		<b>From</b>	<b>To</b>	
Address				
Telephone Number(s)		<b>Hourly Rate/Salary</b>		
		<b>Starting</b>	<b>Final</b>	
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:

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## Additional Information

### Other Qualifications

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

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### 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.

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### 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

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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