



BELKNAP COUNTY NURSING HOME

30 County Drive
Laconia, NH 03246
(603) 527-5410

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"/> Walk-In
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
-----------	------------	-------------

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 _____

Have you any relatives working for us? Yes No
If Yes, give name , Relationship _____

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/felony 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.

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"/> Typewriter	<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)

1. _____
(Name) (Telephone #)

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

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

(Address)

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

_____YES

_____NO

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 1 year. 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 Belknap 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:

- | | | | | | |
|-----------------------------------|------|------|-------|----------|-------|
| <input type="checkbox"/> 1 | Date | Sent | _____ | Received | _____ |
| <input type="checkbox"/> 2 | Date | Sent | _____ | Received | _____ |
| <input type="checkbox"/> 3 | Date | Sent | _____ | Received | _____ |
| <input type="checkbox"/> Personal | Date | Sent | _____ | Received | _____ |

Board of Nursing Registry:

Valid License: Yes No Date verified: _____

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: _____

Date Mantoux Received: _____

Job Title: _____ Hourly Rate/Salary: _____

Department _____

BELKNAP COUNTY NURSING HOME
REFERENCE REQUEST

Date: _____ Re: _____

The above named person has applied at the Belknap County Nursing Home in Laconia, New Hampshire for the position of _____

Your name has been submitted as a reference by the applicant, and we would appreciate your completing this form for our personnel files.

Thank you for your cooperation.

Signature

Title

Period of Employment

From _____ to _____

Position held: _____

Attendance Record: _____

Would you re-employ? _____

Dependability _____

Quality of Work _____

Employer Comments or Personal reference: _____

Signature

Title

Date