

49 Lyme Road, Hanover, NH 03755

Hanover-Terrace Rehabilitation and Nursing Center

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE / /
SOCIAL SECURITY NUMBER			
OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN, FOR EXAMPLE, MARRIED NAME(S), LEGALLY CHANGED NAME(S), ALIASES, ETC.			
STREET ADDRESS	CITY	STATE	ZIP CODE
HOME PHONE	CELL PHONE	ALTERNATE PHONE	
E-MAIL ADDRESS	IF YOUNGER THAN 18, STATE YOUR DATE OF BIRTH / /		

LENGTH OF TIME AT ABOVE ADDRESS: _____ YEARS _____ MONTHS (IF LESS THAN 2 YEARS, PLEASE LIST PREVIOUS ADDRESS):

STREET ADDRESS	CITY	STATE	ZIP CODE
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IN ACCORDANCE WITH THE IMMIGRATION AND REFORM CONTROL ACT OF 1986, THE FACILITY WILL EMPLOY ONLY PERSONS LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES. ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S.A.? EMPLOYMENT IS CONDITIONAL ON PROVIDING PROOF OF ELIGIBILITY WITHIN 3 DAYS OF EMPLOYMENT.

YES NO

EMPLOYMENT INTEREST

FOR WHAT POSITION ARE YOU APPLYING?

RELATED SKILLS

WHAT TYPE OF JOB ARE YOU LOOKING FOR?

FULL-TIME PART-TIME

IF PART-TIME, WHAT DAYS/HOURS YOU ARE AVAILABLE?

WHAT SHIFT(S) ARE YOU AVAILABLE?

1ST 2ND 3RD

CAN YOU ROTATE SHIFTS?

YES NO

EDUCATION AND TRAINING SKILLS

NAME	LOCATION	COURSE	DATES ATTENDED	LAST GRADE COMPLETED	DEGREE OR CERTIFICATE
HIGH SCHOOL OR G.E.D.					
VOCATIONAL SCHOOL					

COLLEGE					
OTHER					

CLERICAL SKILLS <input type="checkbox"/> TYPING SPEED _____ WPM <input type="checkbox"/> MEDICAL TERMINOLOGY <input type="checkbox"/> OFFICE MACHINES _____	COMPUTER SKILLS <input type="checkbox"/> MS WORD <input type="checkbox"/> ACCESS <input type="checkbox"/> EXCEL <input type="checkbox"/> OTHER <input type="checkbox"/> POWERPOINT _____ <input type="checkbox"/> OTHER _____
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EMPLOYMENT HISTORY

PLEASE COMPLETE THE FOLLOWING INFORMATION ACCURATELY AND COMPLETELY BEGINNING WITH YOUR CURRENT OR MOST RECENT EMPLOYMENT. PLEASE INCLUDE PERIODS OF SELF-EMPLOYMENT AND UNEMPLOYMENT. A RESUME MAY NOT BE SUBSTITUTED FOR THE INFORMATION REQUESTED BELOW BUT MAY BE ATTACHED TO PROVIDE ADDITIONAL INFORMATION. DO NOT INCLUDE MILITARY SERVICE.

1	COMPANY NAME	TELEPHONE () -
	ADDRESS	DATES OF EMPLOYMENT (MONTHS & YEARS) FROM / / TO / /
	NAME OF SUPERVISOR	SALARY OR PAY RATE \$
	STATE POSITION TITLE AND DUTIES	REASON FOR LEAVING
2	COMPANY NAME	TELEPHONE () -
	ADDRESS	DATES OF EMPLOYMENT (MONTHS & YEARS) FROM / / TO / /
	NAME OF SUPERVISOR	SALARY OR PAY RATE \$
	STATE POSITION TITLE AND DUTIES	REASON FOR LEAVING
3	COMPANY NAME	TELEPHONE () -
	ADDRESS	DATES OF EMPLOYMENT (MONTHS & YEARS) FROM / / TO / /
	NAME OF SUPERVISOR	SALARY OR PAY RATE \$
	STATE POSITION TITLE AND DUTIES	REASON FOR LEAVING

PERSONAL REFERENCES			
NAME	PHONE NUMBER	RELATIONSHIP	OCCUPATION
ADDRESS			
NAME	PHONE NUMBER	RELATIONSHIP	OCCUPATION
ADDRESS			
NAME	PHONE NUMBER	RELATIONSHIP	OCCUPATION
ADDRESS			
PROFESSIONAL LICENSURE			
PROFESSIONAL REGISTRATION, LICENSE OR CERTIFICATION	NUMBER	EXPIRATION DATE	CITY/STATE
IF PROFESSIONAL REGISTRATION, LICENSE OR CERTIFICATION IS FROM ANOTHER STATE, HAVE YOU CONTACTED THE APPROPRIATE AUTHORITIES TO CONVERT LICENSURE TO NEW HAMPSHIRE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
HAVE YOU HAD ANY INVESTIGATIONS ON YOUR CERTIFICATION OR LICENSE IN THE PAST 10 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN:			
CRIMINAL BACKGROUND HISTORY			
Have you been convicted of a misdemeanor or felony? If so, please list the date of conviction, whether it was a misdemeanor or felony and the offense for which you were convicted.			
PLEASE READ CAREFULLY BEFORE SIGNING			

1. I certify that the information contained in this application for employment is true, correct and complete and I understand that any false statements, omissions, or misrepresentation of facts contained in this application will be cause for rejection of my application or immediate termination from employment.
2. Permission is hereby given to Hanover-Terrace Rehabilitation and Nursing Center to investigate all pertinent information concerning my application in order to determine my qualifications for employment and acknowledge that my employment is conditional upon receipt of satisfactory recommendations from former employers and/or references.
3. I understand that Hanover-Terrace Rehabilitation and Nursing Center may require drug testing. I understand and agree that any job offer I may receive may be contingent upon successfully completing and passing the drug test. I also acknowledge that I may be required to take drug tests as a condition of my continued employment.

4. I understand that Hanover-Terrace Rehabilitation and Nursing Center will (and permission is hereby given to) conduct a criminal history background check relating to me through any police or law enforcement agency.
5. I understand that for the protection of myself and residents, I may be given a physical examination given by Hanover-Terrace Rehabilitation and Nursing Center prior to beginning work including the 2-step PPD (tuberculin skin test). I also agree to take a physical examination at other such times as required by Hanover-Terrace Rehabilitation and Nursing Center during the period of my employment.
6. I agree to attend any mandatory new employee orientations as scheduled.
7. I agree to comply with the requirements in the Employee Handbook and any other any personnel policies issued by Hanover-Terrace Rehabilitation and Nursing Center.
8. I certify that the information provided by me above is complete and accurate to the best of my knowledge. I understand that if the information in the above application is determined to be incorrect or incomplete, Hanover-Terrace Rehabilitation and Nursing Center may immediately withdraw my application from consideration, or if I am already employed, may immediately terminate my employment.
9. I understand that this application for employment and any other documents issued by Hanover-Terrace Rehabilitation and Nursing Center are not contracts of employment and recognize that I am free to terminate my employment upon reasonable notice and that I may be terminated by Hanover-Terrace Rehabilitation and Nursing Center at any time and for any reason, except as may be modified by a collective bargaining agreement.

Signature

Date

Hanover-Terrace Rehabilitation and Nursing Center is an Equal Opportunity Employer and will recruit, advertise, employ, promote, transfer, discipline, and discharge without regard to race, creed, color, national origin, age, handicap, sex, religion, sexual orientation, and/or veteran status.