

APPLICATION FOR EMPLOYMENT



P.O. BOX 2032, CONCORD, NH 03302-2032
PHONE: 603-228-1551 FAX: 603-225-2803

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment. All employment decisions are made without regard to age, race, sex, religion, color, national origin, physical or mental disability.

Name \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mailing Address \_\_\_\_\_ Home Phone # \_\_\_\_\_
\_\_\_\_\_ Work Phone # \_\_\_\_\_
\_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Position(s) for which you are applying \_\_\_\_\_ Date of Application \_\_\_\_\_

Shift preference or Hours Available: \_\_\_\_\_ Type of Availability: Full-time, Part-time, Temporary
YES NO

1a) Are you at least 18 years of age? 1a) YES NO
1b) If no, can you furnish a work permit from a New Hampshire High School? 1b) YES NO

2a) Are you currently employed? 2a) YES NO
2b) If yes, may we contact your present employer? 2b) YES NO

3) Have you been convicted of any motor vehicle violations within the past five years?\* 3) YES NO
(e.g. speeding tickets, loss of license, failure to stop, etc. ) If yes, please explain in the space below.

\_\_\_\_\_
\_\_\_\_\_

4) Have you ever been convicted of a felony or other crime within the past five years? \* 4) YES NO
If yes, please explain in the space below. Indicate whether conviction was a misdemeanor or a felony.

\_\_\_\_\_
\_\_\_\_\_

(\*NOTE: Conviction of a motor vehicle violation or crime will not automatically result in your disqualification. The seriousness of the offense and the date of conviction will be considered in relation to the particular position(s) available or for which you have applied.)

EDUCATION

Please circle the highest grade you have completed: 8 9 10 11 12 or GED 13 14 15 16 17 18 19 20

COLLEGE AND OTHER HIGHER EDUCATION

Please attach copies of degrees, certifications and licenses. (The privileging process at Riverbend Community Mental Health, Inc., and other affiliated healthcare organizations may require the applicant to submit transcripts at a later date.)

Table with 3 columns: Name of School, Major, Degree or Certificate Earned

## EXPERIENCE - WORK HISTORY

In the sections below, please provide a complete work history. Be sure to list your most recent experience first. If you need additional space, please attach a separate sheet of paper.

**\*The only part that you may substitute your resume for will be the sub-section on Position Responsibilities.**

Employer \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

Your Job Title \_\_\_\_\_ Supervisor (Name/Title) \_\_\_\_\_

Dates of Employment from Month \_\_\_\_\_ Year \_\_\_\_\_ to Month \_\_\_\_\_ Year \_\_\_\_\_ Ending pay rate: \_\_\_\_\_

Hours Worked Per Week \_\_\_\_\_ Please Describe Your Position Responsibilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many employees did you supervise \_\_\_\_\_ Did you have the authority to hire/fire? \_\_\_\_\_

Reason you left this position \_\_\_\_\_

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Employer \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

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Hours Worked Per Week \_\_\_\_\_ Please Describe Your Position Responsibilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many employees did you supervise \_\_\_\_\_ Did you have the authority to hire/fire? \_\_\_\_\_

Reason you left this position \_\_\_\_\_

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Hours Worked Per Week \_\_\_\_\_ Please Describe Your Position Responsibilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many employees did you supervise \_\_\_\_\_ Did you have the authority to hire/fire? \_\_\_\_\_

Reason you left this position \_\_\_\_\_

*Experience continued on the next page....*

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**Please list certifications and other job-related qualifications and skills.**

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## APPLICANT'S STATEMENT

(Signature Required)

**I certify that all of the above information on this application and on all other employment-related documents that I have submitted is true and complete. I understand that any misrepresentation or omission may result in my disqualification from further consideration for employment or my termination from employment.**

Further, in order that Riverbend Community Mental Health Services, Inc. may process my application for employment, I hereby authorize Riverbend Community Mental Health Services, Inc., its subsidiaries, officers, directors, employees, representatives, and agents (hereinafter collectively referred to as "Riverbend") to conduct a complete investigation into my background including, but not limited to, inquiring into my employment history, including my fitness for duty at all prior employment; education history; credit history; criminal record and military record, if any; to obtain opinions and references regarding my moral character and reputation and to solicit and obtain any other information Riverbend in its sole discretion deems as necessary to determine my eligibility for employment or for the purposes of confirming the accuracy and completeness of any information I provided to Riverbend. In consideration for the processing of my application for employment with Riverbend, I hereby release, indemnify and hold harmless Riverbend from any and all liability based on their authorized receipt, disclosure, and use of the information gathered in the processing of my application for employment. I further release from liability any person or organization that provides information concerning me.

**I understand that, if hired, any offer of employment is contingent on production of proof of employment eligibility and a completion of a Form I-9. By my signature, I acknowledge that I have read and understand the foregoing and so authorize and release Riverbend.**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_