

APPLICATION FOR EMPLOYMENT

LAKES REGION COMMUNITY SERVICES (LRCS)
P O Box 509
Laconia, NH 03247

We are an equal opportunity employer. We do not discriminate in hiring, promotion, or other employment decisions on the basis of race, sex, color, pregnancy, religion, disability, age, veteran status, sexual orientation, marital status or any other basis protected by law.

PLEASE PRINT (USE INK)

PERSONAL:
Name: (Last) (First) (Middle) Date:
Current Address: (Street) (City) (State) (Zip Code) Telephone: (Include Area Code)
Permanent Address (if different) (Street) (City) (State) (Zip Code) Telephone: (Include Area Code)
Have you ever applied for employment here before? Yes No If yes, when?
Have you ever worked for our Agency or any related Agencies before? Yes No If yes, where?
Dates of Employment Reason for Leaving
Email Address: Alternate Telephone: (Include Area Code)

GENERAL:
For what position(s) are you applying? Starting salary desired
Are you authorized to work in the United States? Yes No Are you 18 years old or older? Yes No
(Proof of citizenship or immigration status will be required upon employment.)
Referral Source: Advertisement Employee (Enter Name) Relation Employment Agency
Walk In Website Job Fair College/School Other (Please Name Source)
Are you related to or in a close relationship with any Agency employees, Board members, employees of vendors that contract with the Agency or employees of local, state or federal agencies that contract with the Agency? Yes No. If yes, who?
Are you available to work Full-Time Part-Time Temporary? If part-time, indicate maximum hours per week
Days and hours available to work: Any time Flexible Set Schedule Other
Please Specify Days and Times you are available:
Can you perform the essential functions of the job(s) with or without reasonable accommodation? Yes* No*
If you are applying for a position that requires driving, do you have a valid driver's license? Yes No
Are you currently on layoff or leave from another employer? Yes No
Have you ever been fired or disciplined for excessive tardiness or absenteeism? Yes No
If yes, please explain:
Have you ever been fired or disciplined for verbal or physical fighting or any other form of workplace violence?
If yes, please explain:
If you have any questions about the function of the job, please ask the interviewer before answering this question

CONVICTION INFORMATION:

Employment is contingent upon an acceptable criminal record check, and if a waiver is required, the waiver request is accepted by either the individual being supported or their guardian, the State of NH and the Agency.

Have you ever been convicted of a felony, misdemeanor or violation (excluding minor motor vehicle offenses) that has not been annulled?
_____ Yes _____ No (If yes, please fill in information below.)

Conviction information will not necessarily bar an applicant from employment. If you leave this space blank, you are certifying that you have no current record of conviction.

	Date	Reason	Disposition of Case	Place
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Has an allegation of abuse and/or neglect ever been founded against you? _____ Yes _____ No

If yes, please explain: _____

Have you ever been (a) convicted of a criminal offense related to a health care or (b) listed by the government as debarred, excluded, or otherwise ineligible for federal (i.e., Medicare) or state participation? _____ Yes _____ No

If yes, please explain _____

WORK EXPERIENCE: Regardless of whether you are attaching a resume, please list your four (4) most recent employers. Please do not omit any employment. Please explain any breaks in employment in the Additional Comments section below.

PRESENT OR MOST RECENT EMPLOYMENT (Cover the past 10 years)

Employer _____ Address _____ (Street) _____ (City) _____ (State)

May We Contact Your Present Employer? _____ Yes _____ No

Telephone _____ Kind of Business _____ Name and Title of Immediate Supervisor _____
(Include Area Code)

Employed From _____ to _____ Job Title _____
(Mo., Yr.) (Mo., Yr.)

Duties Performed _____

Starting Salary _____ Final Salary _____ Reason for Leaving: _____

At what point may we contact your current employer for a reference? _____

PREVIOUS EMPLOYMENT:

Company _____ Address _____ (Street) _____ (City) _____ (State)

Telephone _____ Kind of Business _____ Name and Title of Immediate Supervisor _____
(Include Area Code)

Employed From _____ to _____ Job Title _____
(Mo., Yr.) (Mo., Yr.)

Duties Performed _____

Starting Salary _____ Final Salary _____ Reason for Leaving _____

PREVIOUS EMPLOYMENT:

Company _____ Address _____ (Street) _____ (City) _____ (State)

Telephone _____ Kind of Business _____ Name and Title of Immediate Supervisor _____
(Include Area Code)

Employed From _____ to _____ Job Title _____
(Mo., Yr.) (Mo., Yr.)

Duties Performed _____

Starting Salary _____ Final Salary _____ Reason for Leaving _____

PREVIOUS EMPLOYMENT:

Company _____ Address _____ (Street) _____ (City) _____ (State) _____

Telephone _____ Kind of Business _____ Name and Title of Immediate Supervisor _____
 (Include Area Code)

Employed From _____ to _____ Job Title _____
 (Mo., Yr.) (Mo., Yr.)

Duties Performed _____

Starting Salary _____ Final Salary _____ Reason for Leaving _____

ADDITIONAL COMMENTS REGARDING WORK HISTORY: Please add any additional experience you would like us to consider with your application, and please explain any breaks in employment.

EDUCATION:

Name	City/State	Degree Received Yes or No	Type of Degree Diploma or GED	Major
High School _____	_____	_____	_____	_____
College _____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____
Trade School _____	_____	_____	_____	_____
Military Training _____	_____	_____	_____	_____

Please list any academic honors, scholarships; offices held etc. (Do not list any that may reflect your race, national origin, age, disabilities or veteran status).

Commercial courses completed; include skills, typing, shorthand, business machines, or personal computers. _____

OFFICE/COMPUTER SKILLS: Please check off your skill level for the following Office/Computer Skills:

Word Processing	_____ Never Used	_____ Somewhat Familiar	_____ Familiar	_____ Proficient
Data Base Management	_____ Never Used	_____ Somewhat Familiar	_____ Familiar	_____ Proficient
File Management	_____ Never Used	_____ Somewhat Familiar	_____ Familiar	_____ Proficient
Spread Sheets	_____ Never Used	_____ Somewhat Familiar	_____ Familiar	_____ Proficient
Desk Top Publishing	_____ Never Used	_____ Somewhat Familiar	_____ Familiar	_____ Proficient

SKILLS AND QUALIFICATIONS: Are there any other professional skills, qualifications, training, experience, or activities that are related to the position for which you are applying?

PERSONAL OR BUSINESS REFERENCES: Do not include relatives or supervisors already listed.

Name	Relationship	Years Known	Telephone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NOTICE: PLEASE READ BEFORE SIGNING

- If I am hired, I agree to abide by the rules and regulations of the Agency.
- I understand that if I am applying for a position that would involve direct care, I will be asked to take a lifting test as a condition of hire.
- I understand that if I am hired, my employment will be for no definite period, and that my employment is at will and compensation can be terminated with or without cause and without notice, at any time, at the option of either the Agency or me. I understand that no supervisor, manager, or executive of the Agency, other than the Board of Directors, has the authority to alter the foregoing.
- I authorize all persons, companies, prior employers, schools, credit bureaus, and government agencies to supply any information concerning my background, education, and employment, and release all parties from all liability for any damage that may result from furnishing same to you. I also release the Agency and its agents from all liability from damages arising from this research of my background.
- In the event I am hired, I authorize the Agency to provide information concerning my employment to prospective employers, and I release and hold the Agency harmless for providing such information.
- I understand that Lakes Region Community Services will check the Office of Inspector General's List of Sanctioned Individuals and Providers and the General Services Administration Excluded Parties Listing System both prior to hiring and on an annual basis.
- I certify that all of the information that I provide on this application or in any interview will be complete, true, and accurate. I understand that if I am hired, and any such information is later found to be incomplete, false, or misleading in any respect, I may be discharged. I also understand that if I am employed by Lakes Region Community Services and subsequently am convicted of any crime (a violation, misdemeanor, felony or any motor vehicle offense) or found to be in violation of a rule or any federal or state health care program, including Medicare or Medicaid, I must immediately notify Lakes Region Community Services Human Resource Office. I authorize the Agency to investigate any of the facts set forth in this application.

I understand that this application will remain active for sixty (60) days. If I have not heard from the Agency by the end of 60 days and still wish to be considered for employment, I will need to complete a new application.

JOB SHADOWING:

Providing assistance to the individuals that the Agency supports is both rewarding and challenging work. In order to make sure you have a clear understanding of the nature of the work, all successful applicants for certain Agency positions are required, as part of the hiring process and as a prerequisite to employment, to spend approximately two (2) hours shadowing and observing one of our staff members as they interact with and provide assistance to the individuals we support. The two hours of shadowing is not paid time.

I have read and fully understand the above Notice Section.

(Print Name)

(Signature)

(Date)