

NORTH COUNTRY INDEPENDENT LIVING, INC.
P.O. BOX 518
N.CONWAY, NH 03860
603-356-0282
603-356-0283 (Fax)
APPLICATION FOR EMPLOYMENT

1. PERSONAL INFORMATION

NAME (LAST NAME FIRST)		SOCIAL SECURITY NUMBER	
PRESENT ADDRESS		APT. NO. CITY	STATE ZIP CODE
PERMANENT ADDRESS		APT. NO. CITY	STATE ZIP CODE
ARE YOU 18 YEARS OR OLDER?	PHONE		
YES ___ NO ___			

2. DESIRED EMPLOYMENT

POSITION	DATE YOU CAN START	SALARY DESIRED: \$
ARE YOU EMPLOYED NOW?	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	
YES ___ NO ___	YES ___ NO ___	
EVER APPLIED TO THIS COMPANY BEFORE?	WHERE?	WHEN?
YES ___ NO ___		
EVER WORKED FOR THIS COMPANY BEFORE?	WHERE?	WHEN?
YES ___ NO ___		
REASON FOR LEAVING		
NAME OF LAST SUPERVISOR AT THIS COMPANY		
WHO REFERRED YOU TO THIS COMPANY?		
EMPLOYMENT AGENCY ___	NEWSPAPER ADVERTISING ___	FRIEND ___ WALK IN ___
STATE EMPLOYMENT OFFICE ___	COLLEGE PLACEMENT SERVICE ___	OTHER ___

3. EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDNC. SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK
SPECIAL TRAINING/SKILLS

4. FORMER EMPLOYERS

LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST.

**NAME OF PRESENT
OR LAST
EMPLOYER**

ADDRESS	CITY	STATE	ZIP CODE
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY \$ _____	WEEKLY FINAL SALARY \$ _____	MAY WE CONTACT YOUR SUPERVISOR? YES ___ NO ___	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF FORMER EMPLOYER

ADDRESS	CITY	STATE	ZIP CODE
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY \$ _____	WEEKLY FINAL SALARY \$ _____	MAY WE CONTACT YOUR SUPERVISOR? YES ___ NO ___	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF FORMER EMPLOYER

ADDRESS	CITY	STATE	ZIP CODE
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY \$ _____	WEEKLY FINAL SALARY \$ _____	MAY WE CONTACT YOUR SUPERVISOR? YES ___ NO ___	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

5. REFERENCES

BELOW, GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1.			
2.			
3.			

**SERVICE
RECORD**

BRANCH OF SERVICE	DISCHARGE DATE	RANK
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HAVE YOU BEEN CONVICTED OF A FELONY?

YES ___

NO ___

HAVE YOU HAD A FOUNDED COMPLAINT OF ABUSE, NEGLECT OR EXPLOITATION BY ANY NH AGENCY? YES___ NO___
IF YES, PLEASE PROVIDE DETAILS INCLUDING WHICH AGENCY.

IF YES, DO WE HAVE YOUR PERMISSION TO CONTACT THIS AGENCY TO DISCUSS THIS FURTHER? YES_____ NO_____

SIGNATURE/DATE

HAVE YOU EVER BEEN CONVICTED OF ABUSE, ASSAULT, NEGLECT OR EXPLOITATION OF ANY PERSON?

YES ___ NO___

IF YES, EXPLAIN.

AUTHORIZATION

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE."

DATE

SIGNATURE

Please take a moment to write a paragraph in answer to the following question: "What are your long-term employment goals?"

INTERVIEWED/APPROVED BY:

DATE:

COMMENTS: