



Havenwood-Heritage Heights

A Continuing Care Retirement Community

33 Christian Avenue, Concord, NH 03301-6128

TEL. 603-229-1220 - FAX 603-229-1243

APPLICATION FOR EMPLOYMENT

POSITION DESIRED: _____ DATE: _____

NAME: _____
(First) (Middle) (Last)

ADDRESS: _____
(Street, Apt./Building) (City) (St.) (Zip Code)

TELEPHONE DAYTIME: _____ TELEPHONE EVENING: _____

HOW DID YOU FIND OUT ABOUT THIS JOB? Website Name _____ Person's Name _____

Newspaper Name _____ Other _____

DATE AVAILABLE FOR WORK: _____ PAY DESIRED: \$ _____

TYPE OF EMPLOYMENT DESIRED: FULL TIME PART TIME PER DIEM

NURSING SHIFT PREFERENCE: 7 - 3 3 - 11 11 - 7 BAYLOR OTHER _____

CURRENT PROFESSIONAL LICENSE: RN LPN LNA (Electrician, Plumber, Beautician, Volunteer, Physical/Recreation Ther., Etc.)

PROFESSIONAL LICENSE/REGISTRATION NUMBER: _____ EXPIRATION: _____

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN USA? Yes No SOCIAL SECURITY: # _____
(Proof of U.S. citizenship or immigration status will be required upon employment)

ARE YOU AT LEAST 16 YEARS OLD? Yes No ARE YOU AT LEAST 18 YEARS OLD? Yes No
(If you are 16 or 17, the law requires parental permission -- if 17 or older, a Criminal Check Authorization is required)

NAMES OF RELATIVES EMPLOYED HERE: _____

WERE YOU EVER EMPLOYED HERE? IF SO, PLEASE GIVE DATES: _____ TO _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? _____ IF YES, YOU MAY EXPLAIN DURING INTERVIEW
(A conviction may be relevant if job related, but may not necessarily bar you from employment)

EDUCATION

NAME & ADDRESS OF SCHOOL:

Jr./High _____ Graduate? Yes No

College _____ Major _____ Graduate? Yes No

Graduate Courses _____

GED? Yes No Other Courses _____

List any special skills/knowledge relevant to position applied for _____

Please list your last three employers, starting with the most recent one first. Please fill in all blanks.

1. COMPANY NAME: _____ **TELEPHONE:** _____
ADDRESS: _____
SUPERVISOR'S NAME: _____ **SUPERVISOR'S TITLE:** _____
DATES EMPLOYED: _____ **TO** _____ **FINAL RATE OF PAY: \$** _____
REASON FOR LEAVING: _____
JOB TITLE/BRIEF DESCRIPTION OF DUTIES: _____

MAY WE CONTACT THIS PLACE OF BUSINESS? YES NO

2. COMPANY NAME: _____ **TELEPHONE:** _____
ADDRESS: _____
SUPERVISOR'S NAME: _____ **SUPERVISOR'S TITLE:** _____
DATES EMPLOYED: _____ **TO** _____ **FINAL RATE OF PAY: \$** _____
REASON FOR LEAVING: _____
JOB TITLE/BRIEF DESCRIPTION OF DUTIES: _____

MAY WE CONTACT THIS PLACE OF BUSINESS? YES NO

3. COMPANY NAME: _____ **TELEPHONE:** _____
ADDRESS: _____
SUPERVISOR'S NAME: _____ **SUPERVISOR'S TITLE:** _____
DATES EMPLOYED: _____ **TO** _____ **FINAL RATE OF PAY: \$** _____
REASON FOR LEAVING: _____
JOB TITLE/BRIEF DESCRIPTION OF DUTIES: _____

MAY WE CONTACT THIS PLACE OF BUSINESS? YES NO

REFERENCES:
If this is your first job, please list three references **not related** to you (teacher, guidance counselor, pastor, volunteer, etc.).

NAME	TELEPHONE	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify the facts set forth in this employment application are true and complete to the best of my knowledge. I understand that any misstatement of fact shall be cause for immediate dismissal. I understand that I am employed at-will and have no employment contract of any type with Havenwood-Heritage Heights. I understand that just as I am free to resign at any time, the employer has the authority to terminate my employment, with or without cause, and without prior notice. My continued employment will be contingent on the successful completion of a post-offer physical examination and TB Screening. The Company has my permission to verify my work record with any of my employers.

Applicant Signature: _____ **Date:** _____

BEAS STATE REGISTRY CONSENT FORM
(RSA 161-F:49*)

Employer Information

I hereby authorize the release of any adult abuse, neglect, and/or exploitation record that you may find concerning me to: (***This portion must be filled out in order to be processed.***)

Employer Name: Havenwood-Heritage Heights
Mailing Address: 33 Christian Avenue
City/State/Zip: Concord, NH 03301-6128
Telephone: 603-229-1220
Fax: 603-229-1243

For Official Use Only

Employee Information

PLEASE PRINT IN CLEAR BLOCK LETTERS

(If content is illegible, it will be stamped "Unable to Process" and returned.)

Last Name: _____ First Name: _____ Middle Initial: _____

Mailing Address: _____ City/State/Zip: _____

Telephone: _____ Gender: Female Male

Also known by the following names (Maiden Name, etc.):

Last Name _____ First Name: _____ Middle Initial: _____

Last Name _____ First Name: _____ Middle Initial: _____

Date of Birth: Month ____ Day ____ Year ____ Social Security # : _____
(Required) (Optional)

Position: _____ Select one: Applying Current Position
 employee consultant volunteer vendor other _____

I understand that the information disclosed and provided by BEAS, under this State Registry Consent Form, is intended for use by the above-named employer in conjunction with my employment/volunteering.

Employee Signature _____ Date _____

Witness Signature _____ Date _____
(REQUIRED)

Fax to: (603) 271-6875 or Email BEASStateRegistry@dhhs.state.nh.us

**Or Mail to: BEAS State Registry, Concord District Office, 40 Terrill Park Drive,
Concord, NH 03301-3857**

***This record check pertains only to findings made on or after July 1, 2007 pursuant to RSA 161-F:49.**