



# 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 \_\_\_\_\_

School/Agency where you received LNA Training \_\_\_\_\_

GED? Yes No Other Courses \_\_\_\_\_

List any special skills/knowledge relevant to position applied for \_\_\_\_\_

**APPLICATION FOR EMPLOYMENT**

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:** \_\_\_\_\_

State of New Hampshire - Department of Health and Human Services  
**Bureau of Elderly and Adult Services (BEAS)**  
**STATE REGISTRY CONSENT FORM**  
(\*RSA 161-F:49)

**Employer Information**

I hereby authorize the release of any adult or child 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

**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 #: \_\_\_\_\_  
(Optional)

Position: \_\_\_\_\_ Select one:  Applying  Current Position  
 employee  consultant  volunteer  vendor  other \_\_\_\_\_

I understand that the information disclosed and provided by BEAS under this request and release authorization is intended for use by the above name employer in conjunction with my employment/volunteering.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_  
**(REQUIRED)**

**Fax to: (603)271-6875**

Or **Mail** to: BEAS State Registry, 129 Pleasant St., Brown Bldg., Concord, NH 03301-3857

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