

200 Pleasant Street, Concord, NH 03301 (603) 225-6644

Please print clearly and fill out completely.

Date of Application: _____

Date Available for Work: _____

PERSONAL INFORMATION

Name: _____ Social Security Number: _____
Last First MI

Address: _____
Street City State Zip

Home Phone Number: _____ Cell Phone Number: _____ What is the best way to contact you? _____

Have you ever been employed at Presidential Oaks (NH Odd Fellows Home)? No Yes; from ____/____/____ to ____/____/____
Reason for leaving: _____

Are you related to a current employee of Presidential Oaks? No Yes Name: _____ Relationship: _____

Are you related to a current resident of Presidential Oaks? No Yes Name: _____ Relationship: _____

Have you ever applied for employment at Presidential Oaks (NH Odd Fellows Home)? No Yes

EMPLOYMENT DESIRED

Position you are applying for	Shift Desired	Salary Desired
First Choice		
Second Choice		
Third Choice		

Will you accept: Full Time Employment?
Part Time Employment?
Per Diem Employment?
Are you 18 Years of Age or Older? Yes No
Are you Employed Now? Yes No
May we contact your present employer? Yes No
How did you learn of this Opening? _____

EDUCATION

Circle Highest Grade Completed: 8 9 10 11 12
Scholastic Honors Received: _____

	Name of School	Location (City, State)	Courses Taken	Completed?	Type of Degree or Certificate Received
High School				<input type="checkbox"/> No <input type="checkbox"/> Yes	
College				<input type="checkbox"/> No <input type="checkbox"/> Yes ____/____	
Vocational or Business School				<input type="checkbox"/> No <input type="checkbox"/> Yes ____/____	
Professional Education				<input type="checkbox"/> No <input type="checkbox"/> Yes ____/____	

Extracurricular Activities While in School: _____

Member of Professional Organizations: _____

Honors Received, Volunteer or Community Service or Other Qualifications You Have Which You Feel Are Related to the Position for Which You Are Applying: _____

Were you in the US Armed Forces? Yes No If Yes, What branch? _____

Dates of Duty: From: ____/____/____ To: ____/____/____ Rank at Discharge: _____
Month Day Year Month Day Year

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

Type	Organization or State Issued	Date Issued	Number
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EMPLOYMENT RECORD (list last or present employer first)

Employer	Dates Employed	Salary Range	Position and Duties
Name: _____ Address: _____ City/State/Zip: _____	From: _____	Starting: _____	
Supervisor: _____ Phone: _____ Reason for Leaving: _____	To: _____	Ending: _____	
Name: _____ Address: _____ City/State/Zip: _____	From: _____	Starting: _____	
Supervisor: _____ Phone: _____ Reason for Leaving: _____	To: _____	Ending: _____	
Name: _____ Address: _____ City/State/Zip: _____	From: _____	Starting: _____	
Supervisor: _____ Phone: _____ Reason for Leaving: _____	To: _____	Ending: _____	
Name: _____ Address: _____ City/State/Zip: _____	From: _____	Starting: _____	
Supervisor: _____ Phone: _____ Reason for Leaving: _____	To: _____	Ending: _____	
Name: _____ Address: _____ City/State/Zip: _____	From: _____	Starting: _____	
Supervisor: _____ Phone: _____ Reason for Leaving: _____	To: _____	Ending: _____	
Name: _____ Address: _____ City/State/Zip: _____	From: _____	Starting: _____	
Supervisor: _____ Phone: _____ Reason for Leaving: _____	To: _____	Ending: _____	
Name: _____ Address: _____ City/State/Zip: _____	From: _____	Starting: _____	
Supervisor: _____ Phone: _____ Reason for Leaving: _____	To: _____	Ending: _____	

EMPLOYMENT RECORD continued

Is any of your employment, education or military service under a name other than provided on the front of this application?

Yes No

If yes, please indicate:

_____ Last First MI

Have you ever been convicted of a crime? No Yes For what, when and where?

Conviction of a criminal offense will not necessarily prevent your employment.

Use this space to provide any further information regarding your qualifications for employment:

EMPLOYMENT UNDERSTANDING/RELEASE (read carefully before signing)

Presidential Oaks (NH Odd Fellows Home) does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, religious belief, Vietnam era veteran status, or on the basis of age or physical or mental disability unrelated to the ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I voluntarily give Presidential Oaks the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take the physical examination, and such future physical examinations as may be required at such times and places as Presidential Oaks shall designate. I understand that an offer of employment may be contingent on passing the physical examination which relates to the essential duties I would be required to perform.

I understand that my employment is at-will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated or offer of employment rescinded for any misstatement or omission of fact appearing on this application form.

If employed, I will be required to complete an Employment Verification Form (I-9), and within three days show satisfactory evidence of identity and eligibility for employment. I further understand that if employed, this application will become part of my permanent record.

Applicant's Signature

Date

Please Indicate the Days and Hours You Are Available for Work

Day	From	To
Sunday	AM	AM
	PM	PM
Monday	AM	AM
	PM	PM
Tuesday	AM	AM
	PM	PM
Wednesday	AM	AM
	PM	PM
Thursday	AM	AM
	PM	PM
Friday	AM	AM
	PM	PM
Saturday	AM	AM
	PM	PM

Are you available to work:

Weekends?

Yes No

Holidays?

Yes No

Rotating Shifts?

Yes No

Do you limit your annual earnings due to Social Security or other reasons?

Yes No

If yes, please state the maximum amount you wish to earn:

Interview Notes

Interviewer	Date	Comments

Hiring Checklist

- Signed Application
- Criminal Background Check Authorization (for all states)
- Three Reference Authorizations (two must be executed)
- Job Description, signed by new employee and department head
- Copy of Professional License (if appropriate)
- Copy of CPR certification (if applicable)
- PAF signed by department head
- Offer Letter

Orientation Date: _____

Rate of Pay: _____

- Status:
- Full Time
 - Part Time Benefited
 - Part Time
 - Per Diem
 - Pool

Notes:
