

Application for Employment

SUMMERHILL ASSISTED LIVING

(Pre-employment Questionnaire) (As an Equal Opportunity Employer)

PERSONAL INFORMATION

Name (Last, First, MI)	Phone Number (day)	Phone Number (evening)
Mailing Address	City, State, Zip	
Social Security Number	E-Mail Address	Are you younger than 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT DESIRED

Position _____ Potential Start Date: _____ Salary Desired: _____

- FULL TIME PART TIME 20 PART TIME PER DIEM
 DAYS EVENINGS OVERNIGHTS WEEKENDS

Are you currently employed? If so may we inquire of your current employer?

Have you ever applied to or worked for Summerhill before? Yes No If yes, list most recent month and year of employment and position: _____

GENERAL

Do you currently hold a valid healthcare license? Yes No If yes, which? _____

Have you ever worked with the elderly before and in what capacity? _____

Have you ever been convicted of a misdemeanor or felony? Yes No If yes, describe full: _____

Have you ever been convicted of abuse, assault, neglect, or exploitation of any person? Yes No

How did you learn about us? Advertisement Friend Walk-In Relative
 Employee (Name: _____) Resident Other _____

Are you qualified to perform all of the functions for which you are applying (see job description)? If not, please explain: _____

EDUCATION	School and State	Course of Study	Diploma/Degree Received
High School			
College			
Trade, Business, Other Education			

Areas of special study, unique skills or interest: _____

FORMER EMPLOYERS (List below your last two employers, starting with the last one first.)

Employer	City, State	Phone Number	Supervisor(s)
Dates of Employment	Position(s) Held	Reason for Leaving	Ending pay
Responsibilities (if not listed on resume)		Permission to check with employer <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer	City, State	Phone Number	Supervisor(s)
Dates of Employment	Position(s) Held	Reason for Leaving	Ending pay
Responsibilities (if not listed on resume)		Permission to check with employer <input type="checkbox"/> Yes <input type="checkbox"/> No	

PROFESSIONAL REFERENCES (Please list references of two people who you have worked with and who can attest to your work ethic.)

#1 Name _____ Daytime Phone# _____

What is your relationship with this person? Supervisor/Manager Co-Worker Friend

#2 Name _____ Daytime Phone# _____

What is your relationship with this person? Supervisor/Manager Co-Worker Friend

CERTIFICATION

"I understand that any misrepresentation or omission of fact on this application, resume and other application materials or during the interview or hiring process may result in refusal of employment, or, if employed, immediate termination.

I voluntarily give Summerhill the right to make thorough investigation of my past employment activities as well as personal history that is job-related, agree to cooperate in such investigation, and release from all liability all persons, companies, and corporations supplying such information. I hereby authorize Summerhill to contact my former employer(s) and further authorize my former employr(s) to provide Summerhill with pertinent information regarding my employment history.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice."

Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE

Interviewed by: _____ Date _____

Comments: _____

Hired: Yes No Position: _____ FT- PT20 - PT- PD Dept. _____

Salary/Pay Rate: _____ 1st Day of Orientation: _____

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 might find concerning me to: ***(This portion must be filled out in order to be processed.)***

Employer name: _____

Mailing address: _____

City/State/Zip: _____

Telephone: _____

Fax: _____

**For Official Use Only
NH DHHS BEAS STATE REGISTRY
NAME CHECK - CONFIDENTIAL**

- No Finding
- Positive Finding
- Unable to Process - Correct and Resubmit
- Information Illegible
- Inaccurate Date of Birth (DOB) or DOB Missing
- Altered Form, Not Witnessed, or Too Dark
- Minor
- Other:

By: Angele Rivers
Karen Conlon

Date: _____

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 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 Mail to: BEAS State Registry, 129 Pleasant Street, Concord, NH 03301

For more information, Visit: <https://www.dhhs.nh.gov/dcbcs/beas/registry.htm>,

Call: (603) 271-8154 or Email: BEASStateRegistry@dhhs.nh.gov

MOTOR VEHICLE RELEASE STATEMENT

Prior to and/or for the duration of my employment (including contract services) at _____, I (the undersigned) understand that investigative background inquiries of my Motor Vehicle Report are going to be made on myself. I understand you will be requesting information from the State of New Hampshire/State of Vermont (please circle) and/or other agencies that maintain records concerning my past activities to my driving record and/or history.

I authorize, without reservation, any party or agency contacted by my employer or its agents to furnish any of the above mentioned information or any other information requested. I understand that I am giving permission for the information contained within my Motor Vehicle Report to be shared with my employer.

A photocopy, faxed or emailed version of this document, which includes my signature, is considered to be as valid as the original document.

Print Full Name as Listed on Driver's License:

Current Address: _____

City: _____ State: _____ Zip: _____

How long at this address: _____

**Date of Birth: ____/____/____

Driver's License Number: _____ State: _____

Signature: _____

**Date of Birth to be used exclusively for record checking purposes and will not be used for any other reason.

Summerhill Assisted Living
183 Old Dublin Road
Peterborough, NH 03458

Phone: 603-924-6238



Pre-Employment Background Screen Information

Legal First Name

Legal Middle Name (recommended)

Legal Last Name

*Email Address: _____

* Email address is required so that we may provide you with a copy of your report once it is complete.

Date of Birth: _____

Confirm Date of Birth: _____

Social Security Number: _____

Confirm Social Security Number: _____

Current Address: (no P.O. boxes) _____

City: _____

State: _____

Zip Code: _____

Home: _____
Cell: _____

Signature of Perspective Employee

Date: