

ROCKINGHAM COUNTY

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

PLEASE PRINT OR TYPE. If you have a resume, please complete the first page and write "see resume" where appropriate, completing only those areas not covered by your resume.

Position(s) applied for: _____ Date of application: ____/____/____

How did you learn about the open position and/or the County? Advertisement Walk-in
 Dept. of Employment Security Friend Relative County website Other _____

 Last Name First Name MI

 Street (Apt. or Box No) City State Zip

 Telephone #(s) E-mail and/or Fax # Social Security #

Best day and time to contact you at home: _____

Please list any and all names and/or aliases (i.e. maiden name, married names, etc.) that you have used or have been known as since the age of 16. _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever worked for Rockingham County before? Yes No If yes, give date (s) _____

Have you ever filed an application with Rockingham County before? Yes No If yes, date(s): _____

Are you currently employed? Yes No If yes, may we contact your current employer? Yes No

Are you prevented from lawfully becoming employed in the County because of Visa or Immigration status?
 Yes No (If yes, proof of citizenship or immigration status will be required upon employment)

On what date will you be available for work? _____

Are you available to work (check all that apply):

Full-time Part-time Per Diem Weekends Temporary Shift 1 2 3 Any

Are you currently on "lay-off" status and/or subject to recall? Lay-off Yes No Recall Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony that has not been annulled by a court? Yes No

If Yes, please explain. _____

Conviction will not necessarily disqualify an applicant from employment.

ROCKINGHAM COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION:

Name and Address of School	Course of Study	# of Years Completed	Diploma Degree
Elementary			
High School			
Undergraduate College			
Graduate/Professional			
Other			

Indicate any foreign languages you can speak, read and/or write:

	<u>Fluent</u>	<u>Good</u>	<u>Fair</u>
Speak:			
Read:			
Write:			

Describe any specialized training, apprenticeship, skill and/or extra curricular activities:

Describe any job-related training received in the United States military, dates of service and branch:

List professional, trade, business or civic activities and/or offices held: (You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, marital status, disability or other protected status.)

EMPLOYMENT EXPERIENCE:

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer's Name		Supervisor
Telephone #	Fax #	Email address
Job Title	Dates Employed	FROM: TO:
Work performed		
Reason for leaving		
Starting salary	Ending salary	

Employer's Name		Supervisor
Telephone #	Fax #	Email address
Job Title	Dates Employed	FROM: TO:
Work performed		
Reason for leaving		
Starting salary	Ending salary	

Employer's Name		Supervisor
Telephone #	Fax #	Email address
Job Title	Dates Employed	FROM: TO:
Work performed		
Reason for leaving		
Starting salary	Ending salary	

Employer's Name		Supervisor
Telephone #	Fax #	Email address
Job Title	Dates Employed	FROM: TO:
Work performed		
Reason for leaving		
Starting salary	Ending salary	

OTHER QUALIFICATIONS:

Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS: Check proficient skills/equipment operated

- Microsoft Office 97 or later version Internet Explorer Fax Typewriter
 Calculator Copier Heavy Equipment

Please list others: _____

State any additional information you feel may be helpful to us in considering your application for employment.

Note to applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

List references below:

1. Name: _____
 Address: _____
 Telephone # _____ Fax # _____ E-mail Address _____
2. Name: _____
 Address: _____
 Telephone # _____ Fax # _____ E-mail Address _____
3. Name: _____
 Address: _____
 Telephone # _____ Fax # _____ E-mail Address _____
4. Name: _____
 Address: _____
 Telephone # _____ Fax # _____ E-mail Address _____

APPLICANT'S STATEMENT:

I certify that answers given herein are true and complete to the best of my knowledge.
I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
This application for employment shall be considered active for a period of time not to exceed one year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.
I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the County is governed by the Personnel Policies and Procedures of the County, as well as NH RSA 28:10-a. I further understand that these Personnel Policies and Procedures do not constitute a contract.
In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.
I agree to submit to a pre-employment physical following a job offer and to drug and/or polygraph screening as well as a criminal records check if required for the position being offered.
I am not currently excluded, debarred, suspended, or otherwise ineligible to participate in Federal health care programs or in the Federal procurement or non-procurement program.

Rockingham County is an Equal Opportunity Employer and does not discriminate on the basis of sex, sexual orientation, race, marital status, creed, color, national origin, age, disability, political affiliation, or any other non-merit factor except where such factor is a bona-fide occupational requirement.

_____/_____/_____
Signature of Applicant Date

Rockingham County Long Term Care Services

117 North Road, Brentwood, NH 03833

AFFIDAVIT

**STATE OF NEW HAMPSHIRE
ROCKINGHAM COUNTY**

Date: _____

The undersigned having applied for employment with Rockingham County Long Term Care Services, hereby swears the following:

1. I have never been found guilty of abusing, neglecting, or mistreating any person, or misappropriating the property of any person by a court of law;
2. I have never been found guilty of abusing, neglecting or mistreating any person, or misappropriating the property of any person by any state survey and certification agency;
3. I have never had a finding of guilt entered into any state registry concerning the abuse, neglect, or mistreatment of any person, or the misappropriation of the property of any person;
4. I am not currently excluded, debarred, suspended, or otherwise ineligible to participate in Federal health care programs or in the Federal procurement or non-procurement programs.

It is an employment requirement that you list all names and/or aliases (i.e. maiden name, married names, etc.) that you have used or have been known as since the age of 16. List below:

I UNDERSTAND THAT ANY FALSE STATEMENT REGARDING THE ABOVE SHALL BE ADEQUATE GROUNDS FOR REFUSING MY APPLICATION FOR EMPLOYMENT BY ROCKINGHAM COUNTY LONG TERM CARE SERVICES AND ADEQUATE GROUNDS FOR THE IMMEDIATE TERMINATION OF MY EMPLOYMENT, FOR CAUSE.

Signed at the Rockingham County Nursing Home, Brentwood, New Hampshire,

this _____ day of _____, _____.

Printed Name: _____ Signature: _____

"Caring for Generations"

Rockingham County Long Term Care Services

117 North Road, Brentwood, NH 03833

please complete all three sections

**STATE OF NEW HAMPSHIRE
ROCKINGHAM COUNTY**

Date: _____

AGREEMENT

I grant permission for the authorities of Rockingham County Long Term Care Services to investigate my references and release said Long Term Care facility from any and all liability resulting from such investigation.

Printed Name: _____ Signature: _____

Date: _____

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Printed Name: _____ Signature: _____

Date: _____

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"Caring for Generations"