



**163 LOUDON RD. SUITE 2 CONCORD NH 03301**

**OFFICE 603-715-1725 FAX 603-715-5902**

**EMPLOYMENT APPLICATION**

PLEASE NOTE: It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A.

PERSONAL INFORMATION							
Name (First, MI, Last):				Social Security Number:		DOB:	
Address:							
City, State and Zip Code:							
Telephone Number:				Alternate Telephone Number:			
Email:							
JOB TYPE							
Days/hours available to work							
<input type="checkbox"/> I have no preference	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
<input type="checkbox"/> Day		<input type="checkbox"/> Evening		<input type="checkbox"/> Nights		<input type="checkbox"/> Overnights	
<input type="checkbox"/> Live-In							
I am seeking a:		<input type="checkbox"/> Full-time job		<input type="checkbox"/> Part-time job		<input type="checkbox"/> Full-time or Part-time job	
How many hours can you work weekly?				Date available to begin:			
Date of application:				Position applying for:			

### ADDITIONAL INFORMATION

Have you been employed by this organization in the past?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States.	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
If yes, please explain:				
Do you have a driver's license?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Driver's license number:	Issued in what state?
Have you had any accidents during the past three years?		How many?		
Have you had any moving violations during the past three years?		How many?		
Do you have an insurance policy on your vehicle? If clients are to be driven, you will need to supply that information.		<input type="checkbox"/> YES	<input type="checkbox"/> NO	

### REFERRAL INFORMATION

How did you hear about us?
<input type="checkbox"/> Friend or family member: <u>Please, thank them for us 😊</u>  <input type="checkbox"/> Current employee: _____ <div style="margin-left: 150px;">We would like to thank them.</div> <input type="checkbox"/> Newspaper ad: _____ <div style="margin-left: 100px;">Which newspaper?</div> <input type="checkbox"/> Online: _____ <div style="margin-left: 100px;">Which platform?</div> <input type="checkbox"/> Other: _____

## EDUCATION

School	Location	Years completed	Major	Degree or Diploma
<b>High School:</b>				

<b>College or Trade School:</b>				

<b>Licenses and Certifications:</b>			
License/Certification:	ID Number:	Expiration Date:	State Issued:

<b>Military:</b>			
Have you ever been in the Armed Forces?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Date entered:
Are you now a member of the National Guard?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Discharge date:

SPECIALTY:

## WORK EXPERIENCE

Please list all work experience beginning with your most recent job held. Attach additional sheets if necessary.

Company:	Name of last supervisor:	Hours/week:
Address:	Start Date:	Starting Salary:
City, State, and Zip Code:	End Date:	Final Salary:
Phone number:	Your last job title:	
Reason for leaving (be specific):		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		
May we contact this employer?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Company:	Name of last supervisor:	Hours/week:
Address:	Start Date:	Starting Salary:
City, State, and Zip Code:	End Date:	Final Salary:
Phone number:	Your last job title:	
Reason for leaving (be specific):		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		
May we contact this employer?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Company:	Name of last supervisor:	Hours/week:
Address:	Start Date:	Starting Salary:
City, State, and Zip Code:	End Date:	Final Salary:
Phone number:	Your last job title:	
Reason for leaving (be specific):		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		
May we contact this employer?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**PROFESSIONAL REFERENCES**

Name:	Title:	Company:	Phone Number:	Address:

**EMERGENCY CONTACT INFORMATION**

Name (First, MI, Last):		
Relationship:		
Home Phone Number:	Cell Phone Number:	Work Phone Number:

*By submitting this application for employment with New Hampshire Homecare Providers LLC, I authorize New Hampshire Homecare Providers LLC to obtain any relevant information from my references, previous employers and educational institutions. I also authorize individuals and organizations listed in the application to provide that relevant information to New Hampshire Homecare Providers LLC. These individuals and organizations will not be held liable if an employment offer is not made, withdrawn or employment terminated due to any misinterpretation of information. I understand that upon offer and acceptance of employment with New Hampshire Homecare Providers LLC I will be required to provide documentation confirming my identity and eligibility to be legally employed in the United States. I understand that New Hampshire Homecare Providers LLC is not obligated to provide employment, and that I am not obligated to accept employment, if offered. This application is not a contract for either party, statements in this document do not constitute a contract of employment for a specific period. I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with New Hampshire Homecare Providers LLC terminated.*

X

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

NEW HAMPSHIRE HOME CARE PROVIDERS, LLC IS AN EQUAL OPPORTUNITY EMPLOYER. ALL APPLICANTS AND EMPLOYEES ARE CONSIDERED FOR EMPLOYMENT, ADVANCEMENT, AND DEVELOPMENT BASED UPON THEIR SKILLS, PERFORMANCE AND POTENTIAL. NO CURRENT OR PROSPECTIVE EMPLOYEE WILL BE DISCRIMINATED AGAINST BECAUSE OF RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, DISABILITY, GENETIC INFORMATION OR MILITARY STATUS