

CONVICTION INFORMATION:

Employment is contingent upon an acceptable criminal record check, and that if a waiver is required, the waiver request is accepted by both the individual being supported or their guardian, and the State of NH.

Have you ever been convicted of a felony, misdemeanor or violation (excluding minor motor vehicle offenses) that has not been annulled?

_____ Yes _____ No (If yes, please fill in information below.)

Conviction information will not necessarily bar an applicant from employment. If you leave this space blank, you are certifying that you have no current record of conviction.

	Date	Reason	Disposition of Case	Place
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Has an allegation of abuse and/or neglect ever been founded against you? _____ Yes _____ No

If yes, please explain:

Have you ever been (a) convicted of a criminal offense related to a health care or (b) listed by the government as debarred, excluded, or otherwise ineligible for federal (i.e., Medicare) or state participation? _____ Yes _____ No

If yes, please explain

WORK EXPERIENCE: Regardless of whether you are attaching a resume, please list your last four (4) employers, beginning with the most recent. Do not exclude employments. Please explain any breaks in employment in the Additional Comments section below.

PRESENT OR MOST RECENT EMPLOYMENT (Cover the past 10 years)

Employer _____ Address _____ (Street) _____ (City) _____ (State)

May We Contact Your Present Employer? _____ Yes _____ No

Telephone _____ Kind of Business _____ Name and Title of Immediate Supervisor _____
(Include Area Code)

Employed From _____ to _____ Job Title _____
(Mo., Yr.) (Mo., Yr.)

Duties Performed _____

Starting Salary _____ Final Salary _____ Reason for Leaving _____

PREVIOUS EMPLOYMENT:

Company _____ Address _____ (Street) _____ (City) _____ (State)

Telephone _____ Kind of Business _____ Name and Title of Immediate Supervisor _____
(Include Area Code)

Employed From _____ to _____ Job Title _____
(Mo., Yr.) (Mo., Yr.)

Duties Performed _____

Starting Salary _____ Final Salary _____ Reason for Leaving _____

PREVIOUS EMPLOYMENT:

Company _____ Address _____ (Street) _____ (City) _____ (State)

Telephone _____ Kind of Business _____ Name and Title of Immediate Supervisor _____
(Include Area Code)

Employed From _____ to _____ Job Title _____
(Mo., Yr.) (Mo., Yr.)

Duties Performed _____

Starting Salary _____ Final Salary _____ Reason for Leaving _____

PREVIOUS EMPLOYMENT:

Company _____ Address _____ (Street) _____ (City) _____ (State) _____

Telephone _____ Kind of Business _____ Name and Title of Immediate Supervisor _____
 (Include Area Code)

Employed From _____ to _____ Job Title _____
 (Mo., Yr.) (Mo., Yr.)

Duties Performed _____

Starting Salary _____ Final Salary _____ Reason for Leaving _____

ADDITIONAL COMMENTS REGARDING WORK HISTORY: Please add any additional experience you would like us to consider with your application, and please explain any breaks in employment.

EDUCATION:

	Name	City/State	Degree Received Yes or No	Type of Degree Diploma or GED	Major
High School	_____	_____	_____	_____	_____
College	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____
Trade School	_____	_____	_____	_____	_____

Commercial courses completed (i.e., typing, personal computers, etc.) _____

Please list any academic honors, scholarships, offices held, etc. (Do not list any that reflect you race, national origin, age, disabilities, or veteran's status) _____

MILITARY: Have you received any job-related training in the United States? Yes ___ No ___ Please give dates and explanation: _____

OFFICE/COMPUTER SKILLS: Please check off your skill level for the following Office/Computer Skills:

Word Processing	_____ Never Used	_____ Somewhat Familiar	_____ Familiar	_____ Proficient
Data Base Management	_____ Never Used	_____ Somewhat Familiar	_____ Familiar	_____ Proficient
File Management	_____ Never Used	_____ Somewhat Familiar	_____ Familiar	_____ Proficient
Spread Sheets	_____ Never Used	_____ Somewhat Familiar	_____ Familiar	_____ Proficient
Desk Top Publishing	_____ Never Used	_____ Somewhat Familiar	_____ Familiar	_____ Proficient

SKILLS AND QUALIFICATIONS: Are there any other professional skills, qualifications, training, experience, or activities that are related to the position for which you are applying?

PERSONAL OR BUSINESS REFERENCES: Do not include relatives or supervisors already listed.

Name	Relationship	Years Known	Telephone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Applicant Acknowledgement and Authorization

NOTICE: PLEASE READ BEFORE SIGNING

- If I am hired, I agree to abide by the rules and regulations of the Agency.
- I understand that if I am applying for a position that would involve direct care, I may be asked to take a lifting test as a condition of employment.
- I understand that if I am hired, my employment will be for no definite period, and that my employment and compensation can be terminated with or without cause and without notice, at any time, at the option of either the Agency or me.
- I authorize all persons, companies, prior employers, schools, and government agencies to supply any information concerning my background, education, and employment, and release all parties from all liability for any damage that may result from furnishing same to you. This may include credit checks for any position involving finances. I also release the Agency and its agents from all liability from damages arising from this research of my background.
- In the event I am hired, I authorize the Agency to provide information concerning my employment to prospective employers, and I release and hold the Agency harmless for providing such information.
- I understand that Community Bridges will check the Office of Inspector General's List of Sanctioned Individuals and Providers and the General Services Administration Excluded Parties Listing System both prior to hiring and on an annual basis.
- I certify that all of the information that I provide on this application or in any interview will be complete, true, and accurate. I understand that if I am hired, and any such information is later found to be incomplete, false, or misleading in any respect, I may be discharged.
- I also understand that if I am employed by Community Bridges or its Affiliates and subsequently am convicted of any crime (a violation, misdemeanor, felony or any motor vehicle offense) or found to be in violation of a rule or any federal or state health care program, including Medicare or Medicaid, I must immediately notify Community Bridges Human Resources Office. I authorize the Agency to investigate any of the facts set forth in this application.

I understand that this application will remain active for one year. If I have not heard from the Agency by the end of one year and still wish to be considered for employment, I will need to complete a new application.

By signing below, I acknowledge I have read, understood, and agree to the above Notice Section.

(Print Name)

(Signature)

(Date)

Name and number of person who is completing this form, if other than applicant:

(Print Name)

(Signature)

(Date)

Mail to: Community Bridges, 2 Whitney Rd., Concord, NH 03301

Fax to: 603-565-1092

Email to: HR@communitybridgesnh.org