

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

Employer Name: Summerhill Assisted Living

Mailing Address: 183 Old Dublin Rd

City/State/Zip: Peterborough, NH 03458

Telephone: (603) 924-6238

Fax: (603) 924-6240

For Official Use Only

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 vendor 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 Email BEASStateRegistry@dhhs.state.nh.us

**Or Mail to: BEAS State Registry, Concord District Office, 40 Terrill Park Drive,
Concord, NH 03301-3857**

***This record check pertains only to findings made on or after July 1, 2007 pursuant to RSA 161-F:49.**

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 inquires 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.