

Bel-Air Nursing & Rehab Center
29 Center Street
Goffstown, NH 03045

Application for Employment

Bel-Air Nursing & Rehab Center is an Equal Opportunity Employer and does not discriminate on the basis of political affiliation, race, creed, religion, national origin, age, sex, sexual orientation, disability, marital status or veteran status.

PLEASE PRINT CLEARLY

Date: _____ _____ Social Security #: _____	Position(s) applied for: _____ (check all that apply) <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Per Diem <input type="checkbox"/> Weekends <input type="checkbox"/> Temporary <input type="checkbox"/> 1 st Shift <input type="checkbox"/> 2 nd Shift <input type="checkbox"/> 3 rd Shift <input type="checkbox"/> Any D.O.B. _____
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PERSONAL DATA

Last Name: _____		First Name: _____		Middle Initial: _____
Street Address: _____		City: _____	State: _____	Zip: _____
Home Telephone Number: _____		Cell Telephone Number: _____		
Email Address: _____		Date Available to Start: _____		
Have you ever worked for Bel-Air before: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date(s): _____				
Department: _____ Supervisor: _____				
What was the reason for leaving? _____				
Are you authorized to work lawfully in the United States: <input type="checkbox"/> Yes <input type="checkbox"/> No Visa Type: _____				
(If hired, a Form I-9, Employment Eligibility Verification, must be completed prior to starting work with Bel-Air Nursing & Rehab Center)				
Are you under 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you have reliable transportation: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/>				
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				

Have you been convicted of a crime (misdemeanor or felony) that has not been officially annulled by a court? Yes No
(Conviction will not automatically disqualify an applicant from employment, as each case is considered individually. However, please be advised willful omission or misrepresentation of this required information will be a basis for rejection of your application and/or discharge from employment with Bel-Air Nursing & Rehab Center).

If yes, please provide the date, location and nature of each misdemeanor or felony conviction that has not been officially annulled by a court:

EMPLOYMENT HISTORY Provide the following information for your current and past employers, starting with the most recent. Explain any gaps in employment in the comments section. **Completion of this section is required. Resumes may be attached, but will not be accepted in lieu of completing this section.**

Current Employers Name:	Address:
Telephone Number:	Position Held:
Supervisor (Name & Title):	Employers Email Address:
Start Date (month & year):	End Date (month & year):
Starting Salary:	Ending Salary:
Did you Supervise any employees: <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you assign their work: <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason you are leaving this position:	May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employers Name:	Address:
Telephone Number:	Position Held:
Supervisor (Name & Title):	Employers Email Address:
Start Date (month & year):	End Date (month & year):
Starting Salary:	Ending Salary:
Did you Supervise any employees: <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you assign their work: <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason you left this position:	May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employers Name:	Address:
Telephone Number:	Position Held:
Supervisor (Name & Title):	Employers Email Address:
Start Date (month & year):	End Date (month & year):
Starting Salary:	Ending Salary:
Did you Supervise any employees: <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you assign their work: <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason you left this position:	May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Why do you want to work at Bel-Air Nursing & Rehab Center?

Have you ever been discharged or asked to resign from any position? Yes No

Explain: _____

MILITARY EXPERIENCE To be completed if you have served in the U.S Armed Forces		
Branch of Service:	Length of Service	Final Rank/Title:
Are you currently serving: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Duties: <i>(If applicable to the position you are applying for)</i>		

EDUCATION				
	SCHOOL	MAJOR	YEARS COMPLETED	DEGREE
High School	Name:			
	Address:			
	City/State/Zip:			
College	Name:			
	Address:			
	City/State/Zip:			
Graduate	Name:			
	Address:			
	City/State/Zip:			
Technical School/ Other	Name:			
	Address:			
	City/State/Zip:			

Under what other name did you attend school? _____

LICENSE AND CERTIFICATION				
Please list any licenses or special certification that you hold, specifying license/certificate number and date of expiration.				
LNA #:	State:	Expires:	LPN#:	State: Expires:
MNA#:	State:	Expires:	RN#:	State: Expires:
CDL#:	State:	Expires:	CPR/First Aid Certification	Expires:
Valid Driver's License #:		Issuing State:		Expires:
Other License/Certifications:				

Indicate any foreign languages you can speak, read and/or write:				
Speak:	<input type="checkbox"/> Fluent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	
Read:	<input type="checkbox"/> Fluent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	
Write:	<input type="checkbox"/> Fluent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	
Are you fluent in American Sign Language? <input type="checkbox"/> Yes <input type="checkbox"/> No				

ADDITIONAL INFORMATION List any special licenses, skills, supervisory experience, equipment operation, or other information that enhance your ability to perform the position applied for.

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

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

REFERENCES Please list three professional references not related to you.

Name	Address/City/State	Phone	Relationship

APPLICANTS STATEMENT AND RELEASE AUTHORIZATION

I certify that the statements contained on this application are true.

I understand that false or misleading statements on this application, any resume or during any interview may be grounds for immediate disqualification or dismissal.

I agree that a thorough investigation of my background may be conducted by Bel-Air Nursing & Rehab Center and I authorize my current and/or previous employers, any references listed and other persons or organizations contacted to provide any information they have about my background. I agree to hold harmless and release Bel-Air Nursing & Rehab Center and all parties providing information from any liability in connection therewith.

I understand that if offered a position, I will be required to submit employment eligibility proof (I-9) and pass a criminal background check.

I understand that I may be required to pass a physical examination to determine my ability to perform the essential functions of the position.

I further understand that employment may be terminated at will.

If hired, I agree to be bound by all policies, rules and regulations of my employer.

This application will be considered active for a period of six months.

SIGNATURE OF APPLICANT

DATE