

MONADNOCK DEVELOPMENTAL SERVICES

121 RAILROAD ST. KEENE, NH 03431

APPLICATION FOR EMPLOYMENT

Applicants for employment are considered without regard to race, color, creed, religion, ancestry, national origin, age, disability, sex, marital status, affectional or sexual preferences or political or union affiliations. It is unlawful for Monadnock Developmental Services Inc. to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

(Please Print)

Referral Source: Advertisement Friend Relative Agency Walk in Other _____

Position(s) Applied For		Date of Application
Last Name	First	Middle
Address	City	State/Zip Code
Telephone Number ()	Email Address	

What other state(s) have you lived or worked in within the past 10 years? _____

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

Have you ever filed an application with us before? Yes If yes, give date: _____ No

Have you ever been employed or volunteered here or at a provider agency?

Yes If yes, give date: _____ No

Are you currently employed? Yes No May we contact your employer? Yes No

Are you prevented from lawfully becoming employed in this country because of visa or immigration status?

Yes No (Proof of citizenship or immigration status will be required upon employment)

On what date would you be available for work? _____

Are you available for work: Full Time Part Time Weekends Evenings

Do you have a valid driver's license? Yes No (A valid drivers license is required for all positions)

If yes, license number: _____ Expiration Date: _____

Have you even ben involved in a client rights investigation? Yes No

If yes, when and where was the investigation? _____

What was the result? Founded Unfounded Other _____

Have you ever been (a) convicted of a criminal offense related to 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, describe conditions:

EDUCATION

School	Name & Location	# of Years Completed	Did You Graduate?	Degree
High School				
College				
Graduate School				
Describe Course of Study				

Are you licensed or certified as a: Home Health Aide Nurse Social Work Care Aide

Any other type of skills or training? _____

List professional, trade, business or civic activities and offices held. You may exclude membership, which may disclose your race, color, national origin, age, sex, handicap, affectional or sexual preferences or political or union affiliations.

REFERENCES

Please provide three references, 1 from someone not related to you and 2 must be from prior employers.

Name	Company Name	Telephone Number
		()
		()
	Relationship	()

MILITARY

Have you had any job related training in the United States Military? Yes No

If yes, please describe

Have you worked for any other Provider Agency? Yes No If yes, please describe

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job related military service assignments and any verifiable work performed on a volunteer basis.

Name & Address of Present or Last Employer	From Mo Yr	To Mo Yr	Reason for Leaving	Supervisor
Tele:				
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Tele:				
Name & Address of Present or Last Employer	From Mo Yr	To Mo Yr	Reason for Leaving	Supervisor
Tele:				
Name & Address of Present or Last Employer	From Mo Yr	To Mo Yr	Reason for Leaving	Supervisor
Tele:				

IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER

It is the policy of Monadnock Developmental Services, Inc. (MDS) to conduct a Criminal Records Check and a Driver Records Check of every prospective employee. **Conviction will not necessarily disqualify an applicant from employment.** All Employment Applications will be kept on file for one year to review for eligibility for future vacant positions.

Have you ever been arrested or convicted of a crime that has not been annulled by a court? Yes No

If yes, On a separate sheet of paper, please describe for each conviction the nature of the offense involved, date of the offense, the sentence imposed, the court in which you were convicted, the case disposition, and any mitigating circumstances you might wish MDS to know. You will be asked to consent to a criminal background/records search, with results to MDS's satisfaction, as a condition of employment. Note: An arrest or conviction record will not necessarily be a bar to employment. Factors such as your age at the time of the offense, the seriousness and nature of the offense, rehabilitation, and the relation of the offense to employment will be taken into account.

As an applicant of MDS, for any position applied for, I understand that a criminal and driver record check will be conducted for conviction information only and that it will not necessarily disqualify me.

_____ (Applicant must initial)

I further understand that MDS 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 and in any interview will be complete, true and accurate. I understand that if I am employed 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 Monadnock Developmental Services and subsequently am convicted of a crime (other than a minor 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 Monadnock Developmental Services' Human Resource Department or immediate Coordinator.

_____ (Applicant must initial)

I further understand that my signature below authorizes any individual, hospital, company or institution with whom I have been associated to furnish MDS with any information concerning my employability which they have on record or otherwise, and I do hereby release the individual, hospital, company, or institution and all individuals connected therewith from all liability for any damage whatsoever incurred in furnishing such information.

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or promise of future benefits by this Agency. I understand and agree that if hired, my employment will be at-will and may be terminated, with or without cause, at any time, by either my employer or myself. I also understand that this written statement supersedes any oral representations made by representatives of Monadnock Developmental Services Inc.

Applicant's Signature

Date