



MONADNOCK FAMILY SERVICES
64 Main St., KEENE, NH 03431
Human Resource Office – 603 283-1570
APPLICATION FOR EMPLOYMENT

Thank you for your interest in employment at Monadnock Family Services. You are welcome to complete an application and return it to the Human Resource Office, Monadnock Family Services, 64 Main St, Keene, NH 03431 or email: humanresources@mfs.org. If you are disabled and need assistance completing this document, please contact the Human Resource Office at the phone number listed above. All positions are posted on bulletin boards at area MFS locations. Please indicate all position(s) for which you are applying. If applying for positions not currently open, your application will be kept on file up to one year.

Equal access to programs, services and employment is available to all persons. We consider applicants for all positions without regard to race, color, religion, gender, national origin, veteran status, disability, genetic information or testing, family and medical leave, sexual orientation, and gender identity or expression.

PLEASE PRINT

Position(s) applied for _____	Date of application ____/____/____
How did you hear about this position?	
Newspaper Ad	Magazine
Employee	Relative
Walk-in	Employment Agency
Other: _____	Internet Website: _____
Name	
First	Middle
Last	
Address	
Street	City
State	Zip
E-mail Address _____	
Home Phone# _____	Best time to call _____
Mobile/Beeper/Other Phone _____	
May we contact you at work?	Yes No
If yes, work number & best time to call: _____	
Have you ever worked at MFS before?	Yes No
If so, under what name? _____	
When? Date(s) From ____/____/____	To ____/____/____
What Department(s)? _____	
If you are under 18 years of age, can you provide required proof of your eligibility to work?	Yes No
Are you legally eligible for employment in this country?	Yes No
Date available for work? ____/____/____	Will you travel if job requires it?
Yes No	
Type of employment desired?	Full-Time
Part-Time	Per Diem
What shift?	Day
Evening	Night
What days are you available to work?	Sunday
Monday	Tuesday
Wednesday	Thursday
Friday	Saturday
Will you work overtime if required?	Yes No
If no, please explain: _____	

CRIMINAL HISTORY

All candidates for MFS positions must undergo a criminal records check. Conviction will not necessarily disqualify an applicant from employment.

In the last 5 years, have you ever been convicted of a felony or misdemeanor? Yes No If yes, please explain the nature of the charge(s), relevant date(s), location(s), and how the matter(s) was disposed: _____

DRIVERS LICENSE

All candidates for MFS positions must undergo a motor vehicle records check. Violations will not necessarily disqualify an applicant from employment.

- A. Has your driver's license currently or ever been suspended, revoked or restricted in New Hampshire or any other state? Yes No
If yes, please explain: _____
- B. Is any action currently pending to investigate, suspend, revoke or restrict your driver's license? Yes No
If yes, please explain: _____
- C. Are there any violations in your motor vehicle history that would cause you to be uninsurable or an increased risk as a result of your history? Yes No
If yes, please explain: _____

EMPLOYMENT HISTORY

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

EMPLOYER	TELEPHONE #	DATES EMPLOYED: From: To: FULL PART OCCASIONAL	
ADDRESS		HOURLY RATE/SALARY: Start: Final: Per: \$ \$	
Starting Job Title/Final Job Title		Summarize the Type of Work Performed & Job Responsibilities:	
Immediate Supervisor & Title			
Reason for Leaving			
May we contact for reference Yes No Later			
EMPLOYER	TELEPHONE #	DATES EMPLOYED: From: To: FULL PART OCCASIONAL	
ADDRESS		HOURLY RATE/SALARY: Start: Final: Per: \$ \$	
Starting Job Title/Final Job Title		Summarize the Type of Work Performed & Job Responsibilities:	
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Immediate Supervisor & Title			
Reason for Leaving			
May we contact for reference Yes No Later			

COMMENTS including explanation of any gaps in employment:

In the past, have you ever been asked to leave a position(s)? Yes No
 If yes, please explain:

SKILLS AND QUALIFICATIONS

Summarize any special training, skills, licenses and/or certificates that may qualify you to perform the job-related functions in the position for which you are applying.

List any other job-related qualifications, skills, education, volunteer work or additional information you would like us to consider.

EDUCATIONAL BACKGROUND (IF JOB RELATED)

- A. List last three (3) schools attended, starting with most recent.
- B. List number of years completed.
- C. Indicate degree or diploma earned, if any.
- D. Date degree earned. Please attach copies of degrees, certifications and licenses. (Candidates for clinical positions must submit a transcript for highest degree earned)

A. NAME OF SCHOOL	B. MAJOR	C. DEGREE OR DIPLOMA & DATE RECEIVED

REFERENCES

List name and telephone number of three work/business references. In addition, please provide copies of recent performance reviews.

NAME	WHERE YOU WORKED WITH/FOR THEM & RELATIONSHIP TO YOU, I.E., CO-WORKER, SUPERVISOR, ETC.	TELEPHONE	NUMBER OF YEARS KNOWN.

CLINICAL/FIELDWORK BACKGROUND (IF JOB RELATED)

Indicate Graduate (G) or Post-graduate (P) and Fellowships (F), Internships (I), Residencies (R), Teaching Appointments (T), etc. beginning with the most recent.

TYPE	NAME AND LOCATION	SUPERVISOR	DATES

PROFESSIONAL LICENSURE INFORMATION**LICENSE TYPE & NO'S.****STATE(S) IN WHICH REGISTERED****EXPIRATION DATE(S)**

Has your professional license/certification/registration ever been, or is currently, revoked, suspended, or placed under conditions? ☐ Yes ☐ No
If "Yes", please explain:

MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS

Indicate current memberships in any local, state or national professional associations or organizations, including any specialty board certification(s):

- A. Has your membership in any professional organization ever been denied, investigated, revoked or suspended, or is any such action pending? Yes No
- B. Has a renewal of any of your professional memberships ever been denied? Yes No
- C. Have you been subject to disciplinary proceedings by any professional association or organization, or is any such action pending? Yes No
- D. Have you ever been denied membership, reappointment to membership and/or clinical privileges at another health care facility, or is any such action pending? Yes No
- E. Have your membership status and/or clinical privileges ever been revoked, suspended, restricted, not renewed or voluntarily relinquished at any other facility, or is any such action pending? Yes No

If your answer to either A or B above is yes, explain each claim or allegation, the circumstances, including relevant dates, and how it was disposed:

CURRENT MALPRACTICE LIABILITY INSURANCE

- A. Have any malpractice claims ever been filed against you within the past five years, or are any currently pending? Yes No
- B. Have any malpractice allegations involving your work ever been settled by you or your carrier prior to the filing of either a claim or a lawsuit? Yes No

If your answer to either A or B above is yes, explain each claim or allegation, the circumstances, including relevant dates, and how it was disposed:

Self Identifying Information for Use in Federal Government Reporting

Monadnock Family Services is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify additional statistical information. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those, which require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Note: In order to be considered as an applicant at Monadnock Family Services one of the two options below is required.

- **OPTION:** If you choose not to Self Identify your gender and/or your race or ethnicity, place a check box in the corresponding boxes below:

I do not wish to identify my gender race or ethnicity

- **OPTION:** However, if do you choose to Self Identify, place a check box in the proper boxes below:

Gender: Female Male

Race: Check One	Hispanic or Latino	(Not of Hispanic or Latino Origin)				
		White	Black/African American	Asian or Pacific Islander	American Indian or Alaskan Native	Two or More Races

Category Definitions

Race and Ethnicity:

- **Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- **White (Not Hispanic or Latino):** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa
- **Black or African American (Not Hispanic or Latino):** A person having origins in any of the black racial groups of Africa
- **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino):** A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- **Asian (Not Hispanic or Latino):** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **American Indian or Alaska Native (Not Hispanic or Latino):** A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- **Two or more Races (Not Hispanic or Latino):** All persons who identify with more than one of the above five races.

The above definitions are from Equal Employment Opportunity Commission

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I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that I must successfully pass a Criminal Records, Adult/Child Protective Services reviews, and motor vehicle record reference as a condition of employment. Additionally, I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service whenever it is discovered.

I understand and acknowledge that Monadnock Family Services (MFS) will screen my application with the Office of Inspector General (OIG) and /or the General Services Administration (GSA) to certify that I am not on the list of individuals excluded from participating in federal programs, including Medicare and Medicaid. MFS will not consider me for employment if I am on the "Exclusions".

I expressly authorize, without reservation, the employer, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that Monadnock Family Services does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that Monadnock Family Services supports equal access to programs, services and employment to all persons and considers applicants for all positions without regard to race, color, religion, gender, age, national origin, veteran status, disability, genetic information or testing, family and medical leave, sexual orientation and gender identity or expression. Monadnock Family Services prohibits retaliation against individuals who bring forth any complaint, orally or in writing, to the employer or the government, or against any individuals who assist or participate in the investigation of any complaint, or otherwise oppose discrimination.

I understand that if I am hired for a position, which requires it, I will be required to provide proof that I hold a valid driver's license.

I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN BELOW UNTIL YOU HAVE READ THE ABOVE STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Application Statement.

Signature of Applicant _____ Date _____

Revised: 8/15

NOTE - Pages 5 and 6 have been removed and stored with other federally mandated demographic information