



600 St. Johnsbury Road
 Littleton, NH 03561
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EMPLOYMENT APPLICATION

Federal and State Laws prohibit discrimination in employment on the basis of race, color, religion, sex, sexual orientation, age, national origin, veteran status, marital status or disability.

This form is an application for employment. It is not intended to be and it is not an employment contract or an offer of employment. If hired, your employment relationship with Littleton Regional Hospital will be at-will.

An Equal Opportunity Employer

PLEASE PRINT---COMPLETE BOTH SIDES---ANSWER ALL QUESTIONS---USE BALLPOINT PEN

NAME, LAST		FIRST	MIDDLE	TODAY'S DATE
ADDRESS - STREET		TOWN/CITY	STATE	ZIP
PHONE NUMBER				
SOCIAL SECURITY NUMBER		DATE OF BIRTH, IF UNDER 18	E-MAIL ADDRESS	
POSITION DESIRED		HAVE YOU WORKED FOR US BEFORE?		
FULL TIME <input type="checkbox"/>		PART TIME <input type="checkbox"/>	SUMMER <input type="checkbox"/>	WEEKENDS <input type="checkbox"/>
DATE AVAILABLE TO START WORK		WHAT DAYS CAN YOU WORK?	WHAT HOURS CAN YOU WORK?	
HAVE YOU BEEN CONVICTED OF A CRIME WITHIN THE PAST FIVE YEARS? IF YES, DESCRIBE IN FULL:		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
CHECK HIGHEST YEAR OF EDUCATION COMPLETED: 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/>				
NAME OF SCHOOL	ADDRESS OF SCHOOL	COURSE/MAJOR SUBJECT	DIPLOMA/DEGREE or CERTIFICATE	
HIGH SCHOOL				
COLLEGE				
POST GRADUATE				
COMMERCIAL OR TECHNICAL				
OTHER				

THIS SECTION TO BE COMPLETED BY CLERICAL APPLICANTS

TYPING SKILLS: YES NO Speed: _____ WPM OFFICE MACHINES USED: _____
 COMPUTER SKILLS: _____

THIS SECTION MUST BE COMPLETED BY R.N. & L.P.N. APPLICANTS

Please check areas in which you have experience or a special interest.
 ICU ER RR MED/SURG CCU OR OB PEDIATRICS OTHER-Please Specify: _____
 Are you registered / licensed in NH? YES NO If not, have you applied? Yes NO
 State in which currently licensed: _____ License No.: _____ Expire Date _____

Please provide a copy of your license

THIS SECTION FOR TECHNICIANS, TECHNOLOGISTS AND PARAMEDICAL PROFESSIONALS

PLEASE LIST CURRENT PROFESSIONAL REGISTRATIONS, LICENSES and/or CERTIFICATIONS

CERTIFYING AND LICENSING ASSOCIATION	NUMBER	EXPIRATION DATE

GENERAL SPECIALIZED IF SPECIALIZED, PLEASE LIST AREAS OF SPECIALTY

EMPLOYMENT RECORD (BEGINNING WITH MOST RECENT)

HOW DID YOU LEARN ABOUT THE JOB FOR WHICH YOU ARE APPLYING?			
FROM:	NAME OF EMPLOYER	NAME OF SUPERVISOR:	
		PHONE:	
TO:	ADDRESS	E-MAIL OF SUPERVISOR	
SALARY:	POSITION & DEPARTMENT	REASON FOR LEAVING:	
\$			
DESCRIPTION OF DUTIES:			
FROM:	NAME OF EMPLOYER	NAME OF SUPERVISOR:	
		PHONE :	
TO:	ADDRESS	E-MAIL OF SUPERVISOR	
SALARY:	POSITION & DEPARTMENT	REASON FOR LEAVING:	
\$			
DESCRIPTION OF DUTIES:			
FROM:	NAME OF EMPLOYER	NAME OF SUPERVISOR:	
		PHONE:	
TO:	ADDRESS	EMAIL OF SUPERVISOR	
SALARY:	POSITION & DEPARTMENT	REASON FOR LEAVING:	
\$			
DESCRIPTION OF DUTIES:			
FROM:	NAME OF EMPLOYER	NAME OF SUPERVISOR:	
		PHONE:	
TO:	ADDRESS	E-MAIL OF SUPERVISOR	
SALARY:	POSITION & DEPARTMENT	REASON FOR LEAVING:	
\$			
DESCRIPTION OF DUTIES:			
HAVE YOU EVER BEEN INVOLUNTARY DISCHARGED BY AN EMPLOYER? YES _____ NO _____			
IF YES, EXPLAIN:			
PERSONAL REFERENCES: (DO NOT INCLUDE FORMER EMPLOYERS OR RELATIVES)			
NAME	ADDRESS	OCCUPATION	TELEPHONE NO.
NAME	ADDRESS	OCCUPATION	TELEPHONE NO.
NAME	ADDRESS	OCCUPATION	TELEPHONE NO.

PLEASE LIST ALL PROFESSIONAL AND TRADE ORGANIZATIONS TO WHICH YOU BELONG (You may omit membership in any organization, which discloses protected class status such as race, color, religion, sex, sexual orientation, age, marital status, national origin, veteran status or disability)

READ CAREFULLY BEFORE SIGNING: I certify that the statements contained on this application are true. I understand that any false and/or misleading statements and/or any omission on this application form or my resume is a reason for rejection of my application and, if I am hired, my immediate dismissal at any time. I agree that a thorough investigation of my background, including, but not limited to my references, may be made, and I authorize my former employers and other persons or organizations to provide any other information they may have about my background. I release and hold harmless Littleton Regional Hospital and its agents and employees and my former employers and other persons and organizations from any liability arising from or related to the investigation of my background. I understand that if I am given a conditional offer of employment, my employment is contingent on a post-offer/pre-employment medical examination and a background investigation. I also understand that if I am hired, I will be subject to an introductory period, which, if I complete in the discretion of Littleton Regional Hospital, will not change my employment status as an at-will employee. In addition, I acknowledge that if I am hired, I will be expected to follow all policies, rules and regulations of Littleton Regional Hospital.

SIGNED _____

Date _____



CONSENT TO REQUEST CONSUMER REPORT INFORMATION

I understand that Littleton Regional Hospital will utilize the services of a consumer reporting agency as part of the procedure for processing my application for employment. I also understand, if my application for employment is granted, Littleton Regional Hospital may obtain further information through subsequent investigations by a consumer reporting agency so as to update, renew or extend my employment.

I understand a consumer reporting agency's investigation may include obtaining information covering up to the last seven years regarding my credit background, references, character, past employment, work habits, education, general reputation, personal characteristics, mode of living, civil judgments, and liens, as well as any information about my criminal conviction background consistent with federal and state law.

I understand such information may be obtained by direct or indirect contact with former employers, schools, financial institutions, landlords and public agencies, or other persons who may have such knowledge.

I also understand that before I am denied employment, based in whole or part on information obtained in the report, I will be provided a copy of the report and a description in writing of my rights under the Fair Credit Reporting Act. I understand if I disagree with the accuracy of any information in the report, I must notify Littleton Regional Hospital within two days of my receipt of the report. If I notify Littleton Regional Hospital within two days of the receipt of the report that I am challenging information in the report, Littleton Regional Hospital will not make a final decision on my employment status until after I have had a reasonable opportunity to address the information contained in the report.

I hereby consent to this investigation and authorize Littleton Regional Hospital to procure a report on my background as stated above from a consumer reporting agency.

Signature of Applicant

Date

Social Security Number