



COMMUNITY PARTNERS
Behavioral Health & Developmental Services of Strafford County, Inc.

APPLICATION FOR EMPLOYMENT

MISSION STATEMENT

Our mission is to promote respect, wellness, full inclusion, and empowerment of individuals and their families who experience mental illness, emotional distress, developmental disability, chronic health need, or acquired brain disorder.

By identifying and creating opportunities for people, in close collaboration with a network of local agencies, we will promote independence and interdependence and help the people we serve to realize their maximum potential. We are committed to educate the community at large about our mission.

The agency will provide staff with opportunities for professional growth so they may contribute to the overall achievement of the agency's mission.

COMMUNITY PARTNERS

113 Crosby Rd., Suite 1
Dover, NH 03820
(603) 516-9300

Community Partners is an equal opportunity employer. It is our policy not to discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex (except where sex is a bonafide occupational qualification), sexual orientation, marital status, national origin, disability or handicap, or veteran status.

Have you ever filed an application with us before? Yes No

PERSONAL INFORMATION

Last Name	First Name	Middle Initial	Today's Date
Address	Street	City	State Zip
Home Phone Number	Alternate Phone Number		
Position(s) Desired	Hours Available for Work		

EDUCATION INFORMATION

School Name, City and State	Major	Did you Graduate? If yes, list degree received.
HIGH SCHOOL		
COLLEGE		
GRADUATE		
OTHER		

CREDENTIALS

Are you a licensed in your profession? Yes No If yes, license Type _____ State Licensed in _____ Expiration Date _____

If licensure is pending, please describe and indicate when expected. _____

EMPLOYMENT HISTORY (most recent position first)

Employer	Supervisor Name	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer Address	Phone Number	
Rate of Pay	Dates of Employment: Start: _____ End: _____	
Job title/description of work	Reason for leaving	

Employer	Supervisor Name	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer Address	Phone Number	
Rate of Pay	Dates of Employment: Start: _____ End: _____	
Job title/description of work	Reason for leaving	

Employer	Supervisor Name	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer Address	Phone Number	
Rate of Pay	Dates of Employment: Start: _____ End: _____	
Job title/description of work	Reason for leaving	

Have you ever worked for any other Human Service Agency? Yes No

If Yes, please specify what agency, and what position. _____

GENERAL INFORMATION

How did you hear about us? Please check one of the following: Radio Ad, Newspaper Ad, Employment agency, Referral, Television Ad, Job Fair, Other (Please specify) _____

Are you over the age of 18? Yes No If no, can you provide a work permit? Yes No

Are you a U.S. citizen or legally eligible to work in the U.S.? Yes No

Are you currently on layoff or leave status from any other employer? Yes No

Have you ever been fired or disciplined for excessive tardiness or absenteeism? Yes No
If yes, please explain. _____

The following are requirements for employment with Community Partners: Valid driver's license, employee's own transportation and automobile insurance.

Do you meet all of these requirements? Yes No
If no, which of these do you not have? _____

Have you ever had a founded case of abuse, neglect or exploitation by an area agency? Yes No
If you answered yes, please explain. _____

Have you ever, under your name or any other name, (a) been convicted of a criminal offense related to health care that has not been annulled by a court; (b) had your professional license suspended or revoked; or (c) been listed by the government as debarred, excluded, or otherwise ineligible for federal (i.e. Medicare) or state participation? Yes No
If yes, describe conditions:

Have you ever had a sustained violation of client rights? Yes No
If yes, please explain. _____

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, please explain. _____

COMPUTER SKILLS

Please check off your skill level for the following:

	Never Used	Somewhat Familiar	Familiar	Proficient	Expert
Word Processing (MS Word)					
Data Base Management					
File Management					
Spreadsheets (MS Excel)					
Desk Top Publishing					
Email (MS Outlook)					

PROFESSIONAL REFERENCES (NO RELATIVES PLEASE)

Name of Reference	Address of Reference	Telephone Number of Reference
1.		()
2.		()
3.		()
4.		()

As of November 6, 1986, the Immigration Act requires that all employers hire only U.S. citizens and aliens lawfully authorized to work in the United States. Any offer of employment will be contingent upon you providing Community Partners with the documentation required by the INS to establish that you meet these requirements.

IMPORTANT, PLEASE READ AND SIGN

I hereby certify that the facts set forth in this application are true and complete to the best of my knowledge and I authorize Community Partners to verify their accuracy and to obtain reference information regarding my work performance. I hereby release Community Partners from any and all liability of whatever kind and nature which, at any time, could result from obtaining and having employment decision based on such information.

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 Community Partners 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 Community Partners' Director of Human Resources.

I further understand that Community Partners 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 reserves the right to check on an annual basis thereafter.

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 Community Partners and subsequently am convicted of a misdemeanor or felony crime 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 the Director of Human Resources. _____ (Please initial)

I understand that, if employed, falsified statements of any kind or omission of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that Community Partners requires the successful completion of a Criminal Record Check, Driver's Record Check, TB screen, and a pre-employment physical as a condition of employment.

If employed, I agree to engage in no outside activity which would involve a material conflict of interest with, or which would reflect adversely on Community Partners.

If employed, I agree to hold in strictest confidence any information concerning Community Partners and its consumers.

If hired, I agree to abide by all of the employment policies of Community Partners. I understand that no representative of Community Partners, other than the Executive Director, has the authority to enter into any agreement for employment for any specified period of time.

Applicant Name (Please Print)

Applicant Signature

Date

