



A Proud Partner of North Country Healthcare

536 Cottage Street, Littleton, NH 03561  
(603) 444-5317 • Fax: (603) 444-0980

Dear Applicant,

Thank you for your interest in employment with North Country Home Health & Hospice Agency. Enclosed are the following application materials for you to complete:

- Employment Hiring Process Official Record Investigation Form
- Application Form
- (3) Employer Reference Check Forms

When completing the three (3) Employer Reference Check forms please give a complete mailing address and phone number. At the bottom of each form please sign as applicant to authorize your present and/or former employers to release the information requested on the form. On the reverse side of the form also complete the section marked **To be completed by applicant.**

Complete and return all forms. We will review the paperwork and contact you depending on current hiring needs.

Again, thank you for your time and interest.

Sincerely,

*Jennifer Everleth*

Jennifer Everleth  
Human Resource Specialist



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**EMPLOYMENT HIRING PROCESS OFFICIAL RECORD INVESTIGATION**

North Country Home Health & Hospice Agency (NCHHA) recognizes the Agency’s responsibility to employ high quality staff and to protect the safety and well-being of all Agency clients and their families. Therefore, NCHHA conducts Official Records Investigations during the employment hiring process.

As an interviewee for a position at North Country Home Health & Hospice Agency, you are required to consent to an Official Record’s Investigation. Your initials and signature on this authorization means that you:

1. Authorize the North Country Home Health & Hospice Agency to conduct an Official Record’s screening of:
  - **Criminal History Record information** ..... (Applicant’s initials \_\_\_\_\_)
  - **New Hampshire Patient Abuse Registry Record** information at the NH Board of Nursing Registration and Education ..... (Applicant’s initials \_\_\_\_\_)
  - **Motor Vehicle and Driver Record information** ..... (Applicant’s initials \_\_\_\_\_)
  
2. Acknowledge that you are aware that any offer of employment extended by North Country Home Health & Hospice Agency is conditional upon obtaining records from the above screenings and the offer of employment may be withdrawn if any of the following findings are verified:
  - **Criminal History Record:** conviction and/or finding of guilty or facing charges for any felony or misdemeanor. .... (Applicant’s initials \_\_\_\_\_)
  - **New Hampshire Board of Nursing Registration and Education Patient Abuse Registry Record:** conviction and/or finding of guilty or pending charges of patient/client abuse, neglect or mistreatment; or of misappropriation of patients/clients property in New Hampshire or any other state; or listing in any resident or patient abuse registry in New Hampshire or any other state. .... (Applicant’s initials \_\_\_\_\_)
  - **Motor Vehicle and Driver Record:** conviction, found guilty or facing charges of driving while intoxicated, vehicular homicide, driving to endanger, reckless driving or habitual offender or the applicant’s motor vehicle license is under suspension or revocation.... (Applicant’s initials \_\_\_\_\_)

North Country Home Health & Hospice Agency will keep all interviewee information obtained from the Official Records interview process investigation confidential.

*My signature below indicates that I understand the North Country Home Health & Hospice Agency policy and procedure regarding the Official Records Employment Hiring Process Investigation and hereby authorize North Country Home Health & Hospice Agency to obtain information as previously noted regarding my:*

- Criminal History Record
- New Hampshire Patient Abuse Registry Record
- Motor Vehicle and Driver Record

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date



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**APPLICATION FOR EMPLOYMENT**

North Country Home Health & Hospice Agency considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

**(PLEASE PRINT)**

Position Applied For:		Date of Application:	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement <input type="checkbox"/> Friends/Relative <input type="checkbox"/> Inquiry <input type="checkbox"/> Employment Agency <input type="checkbox"/> Other _____			
Last Name		First Name	Middle Name
Address		City	State      Zip Code
Telephone Number (s)			

Best time & place to contact you is: _____	
Have you ever filed an application with us before? If yes, give date _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact your present employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <i>(Proof of citizenship or immigration status will be required upon employment.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any objection to weekend and holiday assignments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a valid driver's license and access to a reliable insured vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you travel as required by this position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a crime in the last 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	
_____	
_____	



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**APPLICATION FOR EMPLOYMENT (CONTINUED)**

Professional/Para Professional license # \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 (RN, LPN, CNA, Therapist)

Date available to start work: \_\_\_\_\_

Type of employment desired     Full Time  
    Per Diem (Please indicate mornings or afternoon ) \_\_\_\_\_  
    Temporary (Please indicate dates available) \_\_\_\_\_

**EDUCATION**

School	Name and Address of School	Course of Study	Years Completed	Diploma/ Degree
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

**WORK EXPERIENCE**

Start with your present or last job. Include any job-related service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer:	Dates Employed		Work Performed
Address:	From	To	
Telephone Number:			
Job Title:	Hrly Rate/Salary		
Supervisor:	Starting	Final	
Reason for Leaving:			

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Address:	From	To	
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Address:	From	To	
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Reason for Leaving:			



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Employer:	Dates Employed		Work Performed
	From	To	
Address:			
Telephone Number:			
Job Title:	Hrly Rate/Salary		
Supervisor:	Starting	Final	
Reason for Leaving:			

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job for which you have applied?     Yes     No

**COMMENTS** (Include explanation of any gaps in employment).


**OTHER SKILLS & QUALIFICATIONS**  
 (Summarize any job-related training, skills, licenses, certificates, and/or other qualifications)


**PERSONAL/PROFESSIONAL REFERENCES** (Do not include family members or past supervisors)

Name	Phone Number	Best Time to Call	Occupation

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**



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### **APPLICANT'S STATEMENT**

I hereby authorize North Country Home Health & Hospice Agency to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either the employer or I can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

Employment with North Country Home Health & Hospice Agency is voluntarily entered into, and the employee is free to resign at any time, with or without notice or cause. Similarly, North Country Home Health & Hospice Agency may terminate the employment relationship at will at any time, with or without notice or cause, so long as there is no violation of applicable federal or state law. Because of the Mission of North Country Home Health Agency to provide essential care to clients, North Country Home Health & Hospice Agency requests that employees provide notice when terminating their employment. North Country Home Health & Hospice Agency requests that supportive and clerical personnel provide 2 weeks notice and that professional, supervisory, management and administrative staff provide 1 month's notice.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for reasonable accommodations as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization upon being hired. Failure to submit such proof shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

---

Applicant's Signature

---

Date

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**EMPLOYER REFERENCE CHECK**

Date \_\_\_\_\_

Name of Reference \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Dear Sir/Madam:

The applicant named below has applied for the position of \_\_\_\_\_. We would appreciate you furnishing us with as much of the information requested as possible.

The applicant has given us permission to seek the information requested as indicated by the release form below. We assure you that any information you provide will be treated confidentially.

Your prompt reply to this inquiry will be appreciated.

Sincerely,

*Jennifer Everleth*

Jennifer Everleth  
Human Resource Specialist

---

I, \_\_\_\_\_, hereby authorize my present and former employers to release the information requested on this form to North Country Home Health Agency.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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**To be completed by Applicant:**

Applicant's Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Maiden Name (if applicable): \_\_\_\_\_

Dates in Your Employ From: \_\_\_\_\_ To: \_\_\_\_\_

Position Held: \_\_\_\_\_

**To be completed by Reference:**

( ) Yes ( ) No The information listed above is correct. If no, please supply the correct information.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

( ) Yes ( ) No Would you re-employ? If not, why not?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why did applicant leave your employment? \_\_\_\_\_

Assessment of Former Employee:

Assessment Area	Strong Point	Acceptable	Area for Growth	Not Acceptable
Knowledge of Job				
Quality of Work				
Initiative				
Dependability				
Cooperation				
Patient Relations				
Judgement				

( ) Yes ( ) No Do you recommend the applicant for the type of work for which he/she is applying?  
If no, please explain.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature/Title





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Signature of Applicant

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Date

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\_\_\_\_\_  
Date

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Signature/Title



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\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature/Title