



311 Route 108, Somersworth, NH 03878

Today's Date: \_\_\_\_\_

### APPLICATION FOR EMPLOYMENT

Goodwin Community Health is an equal opportunity employer and considers all applicants without regard to: race, color, gender, age, religion, sexual orientation, national origin, disability, veteran status, or any other classification protected by state, federal, or local law.

PLEASE READ, COMPLETE & SIGN. PLEASE BE SURE TO PRINT ALL RESPONSES	
POSITION(S) DESIRED  1. _____ 2. _____ 3. _____	HOW WERE YOU REFERRED TO GOODWIN COMMUNITY HEALTH?

APPLICANT'S DATA			
LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH (IF UNDER 18)
ADDRESS NO. AND STREET	CITY	STATE ZIP	PHONE
ADDRESS #2	IF NOT A U.S. CITIZEN, ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/> <small>**Completion of a Form I-9 and proof of identity and eligibility will be required as a condition of employment upon hire.</small>		
E-MAIL ADDRESS			
CATEGORY OF WORK (Circle all that apply) FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SUMMER <input type="checkbox"/> PER DIEM <input type="checkbox"/>			
WHAT DAYS CAN YOU WORK?	WHAT HOURS CAN YOU WORK?	IF A VETERAN, DATE AND TYPE OF DISCHARGE	

EDUCATION	
NAME OF HIGH SCHOOL LAST ATTENDED	
NAME OF MOST RECENT COLLEGE, TECHNICAL, TRADE OR OTHER SCHOOL	
ADDRESS:	CITY, STATE, ZIP
MAJOR COURSE OF STUDY	DEGREE OR DIPLOMA GRANTED

FOR MEDICAL PROVIDERS, NURSES, DENTISTS AND DENTAL HYGIENISTS ONLY:	
CURRENT NEW HAMPSHIRE LICENSE NUMBER: _____	EXPIRATION DATE: _____

SKILLS
PLEASE LIST ANY SPECIAL KNOWLEDGE, SKILLS AND/OR QUALIFICATIONS RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING (FOR EXAMPLE, IF YOU ARE APPLYING FOR AN ADMINISTRATIVE POSITION, PLEASE LIST SOFTWARE PACKAGES WITH WHICH YOU ARE PROFICIENT): _____ _____ _____ _____ _____ _____

**EMPLOYMENT HISTORY: PLEASE PROVIDE AN ACCURATE AND COMPLETE EMPLOYMENT HISTORY. List all positions starting with your present or most recent position. If this information is already on your resume, please attach your resume and list only those items not listed on your resume (e.g. supervisor, reason for leaving, etc.).**

	EMPLOYER'S NAME	ADDRESS	FROM	TO	SUPERVISOR	POSITION/DUTIES	REASON FOR LEAVING
			MO/YR	MO/YR			
1			MO/YR	MO/YR			
	Telephone	Zip	Salary (Weekly)				
2			MO/YR	MO/YR			
	Telephone	Zip	Salary (Weekly)				
3			MO/YR	MO/YR			
	Telephone	Zip	Salary (Weekly)				
4			MO/YR	MO/YR			
	Telephone	Zip	Salary (Weekly)				
5			MO/YR	MO/YR			
	Telephone	Zip	Salary (Weekly)				

Attach additional sheet if necessary. Note: ALL PREVIOUS EMPLOYERS MAY BE CONTACTED FOR REFERENCE INFORMATION  
 MAY WE CONTACT YOUR PRESENT EMPLOYER FOR A REFERENCE AT THIS TIME? YES  NO   
 If not, please explain why: \_\_\_\_\_

1. Have you ever been convicted of abuse, neglect, and/or exploitation of any person or have you been convicted of misappropriation of funds or property?  Yes  No If yes, please describe in full \_\_\_\_\_

2. Have you ever been arrested or convicted of a crime that has not been annulled by a court?  Yes  No If yes, please describe in full \_\_\_\_\_

*(Note: A criminal conviction will not necessarily disqualify you from employment. Depending upon the position for which you are applying, any offer of employment may be conditioned upon your consent to and satisfactory results of a criminal record check.)*

3. Do you have any relatives working at GCH or on our Board of Directors?  Yes  No  
 If yes, please list name and relationship \_\_\_\_\_

**CERTIFICATION AND AUTHORIZATION OF APPLICANT**

I certify that all the above information (and resume, if applicable) is true and complete. I understand that any misrepresentation or omission may result in my disqualification from further consideration for employment and/or my termination from employment.

Further, in order that Goodwin Community Health ("GCH") may process my application for employment, I hereby authorize GCH and its parents, affiliates, subsidiaries, officers, directors, employees, representatives, and agents (hereinafter collectively referred to as "GCH") to conduct a complete investigation into my background including, but not limited to, my entire employment history, including my fitness for duty at all prior employment; education history; criminal record and military record, if any; to obtain opinions and references regarding my moral character and reputation and to solicit and obtain any other information GCH, in its sole discretion, deems as necessary to determine my eligibility for employment or for the purposes of confirming the accuracy or completeness of any information I have provided to GCH.

In consideration for the processing of my application for employment with Goodwin Community Health, I hereby RELEASE, INDEMNIFY, AND HOLD HARMLESS GCH and all previous employers and other persons and organizations furnishing information in connection with GCH's investigation into my background from any and all liability based on their authorized receipt, disclosure, and use of the information gathered in processing my application for employment with GCH.

I understand that, if hired, any offer is contingent upon production of proof of employment eligibility and the completion of a Form I-9, a satisfactory criminal background records check and, depending on the position for which I am hired, my submission to a post-offer drug test and medical examination to determine my ability to perform the essential functions of the position offered. I also understand that if offered a position I will be an employee at-will.

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date