

**Application for Employment
Riverglen House of Littleton**



**Pre-Employment Questionnaire
Equal Opportunity Employer**

55 Riverglen Lane
Littleton, NH 03561
www.riverglenhouse.com

Tel: 603-444-8880
Fax: 603-444-8807

Date: _____

Name (Please Print): _____ Soc. Sec. No: _____

Present Address: _____ City: _____ State: _____ ZIP: _____

Phone #: _____ Cell: _____

Referred by: _____ Applied here before? ___ If yes, when? _____

Are you 18 years or older _____ Are you employed now? ___YES ___NO

Where: _____ When did you start work there? _____

What is your position? _____ May we contact employer ___ Yes ___ No

As you complete this application, please remember that Riverglen House is a 24/7 operation, including weekends and holidays.

Position Desired: _____ Date you can start: _____ Wage Desired: \$ _____

I prefer to work full-time. ___YES ___NO I prefer to work part-time with _____ hours a week.

Circle when you are available: Weekdays Weekends Days Evening Nights

Education History

Name & Location of School	Years Attended	Did you Graduate	Studies
Grammar School _____			
High School _____			
College _____			
Trade, Business or Correspondence _____			

Any Additional Skills _____

Current and Former Employers (most recent first)

_____ to _____	_____	_____	_____
Dates Employed	Name of Employer	Position	Reason for Leaving
_____			_____
Employer's Address (include city and state)			Employers' Phone # (include area code)

_____ to _____	_____	_____	_____
Dates Employed	Name of Employer	Position	Reason for Leaving
_____			_____
Employer's Address (include city and state)			Employers' Phone # (include area code)

_____ to _____	_____	_____	_____
Dates Employed	Name of Employer	Position	Reason for Leaving
_____			_____
Employer's Address (include city and state)			Employers' Phone # (include area code)

_____ to _____	_____	_____	_____
Dates Employed	Name of Employer	Position	Reason for Leaving
_____			_____
Employer's Address (include city and state)			Employers' Phone # (include area code)

_____ to _____	_____	_____	_____
Dates Employed	Name of Employer	Position	Reason for Leaving
_____			_____
Employer's Address (include city and state)			Employers' Phone # (include area code)

Work or Personal References – (Non Family Members)

_____	_____	_____
Name	Relationship to You	Years Known
_____	_____	_____
Address (include city and state)	Phone # (include area code)	

_____	_____	_____
Name	Relationship to You	Years Known
_____	_____	_____
Address (include city and state)	Phone # (include area code)	

_____	_____	_____
Name	Relationship to You	Years Known
_____	_____	_____
Address (include city and state)	Phone # (include area code)	

Sometimes it's difficult to determine in the beginning if there is a match between you and Riverglen. So, this application is designed to give both of us a better understanding of what is expected from the other.

To begin, please sign the following statements if you can.

RGH Statement-Conviction Free

I hereby state that:

- I do not have a felony conviction in New Hampshire or any other state.
- I have not been convicted of a sexual assault, other violent crime, assault, fraud, abuse, neglect or exploitation of any person.
- I have not had a finding by the New Hampshire Department of Health and Human Services or any administrative agency in New Hampshire or any other state for assault, fraud, abuse, neglect, or exploitation of any person.
- I do not pose a threat to the health, safety, or well-being of any of the residents of Riverglen House.

Signature

Date

Print Name

Witness

Date

Application for Employment (cont.)

Name

RGH Authorization for Release of Information

I hereby authorize Riverglen House to make whatever inquiries it may deem necessary in connection with my application for employment.

As part of such inquiries, Riverglen House has my permission to contact persons including all employers listed on my application for employment who may have information relating to my suitability for employment in the areas of attendance, work performance and prospects of re-hire.

I authorize any person, agency or employer contacted to respond to such inquiries as requested and to furnish such information, including permitting a review of my personnel file and, if requested, copies of my personnel file.

I hereby acknowledge that I have read the above Authorization for Release of Information statement and have understood it.

Signature

Date

Print Name

Witness

Date

Office Use

Date: _____

Interviewed by: _____

Remarks: _____

Neatness: _____

Personality: _____

Speaking Ability: _____

Working Knowledge of Desired Position: _____