



## APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, handicap or national origin.

Before you will be considered for an interview, you must furnish at least 2 written business references and one personal reference. Students without prior work history should submit letters of recommendation from teachers, guidance counselors, or anyone in the community that can attest to your character and reliability. If you are applying for a position that requires a license (RN, LPN, MNA, or LNA), also include a copy of your current license. Thank you!

Applicants are subject to a criminal record check, testing for tuberculosis and must pass a pre-employment physical.

### PERSONAL INFORMATION

**PLEASE PRINT – COMPLETE ALL SECTIONS – INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_  
Street City State Zip

Permanent Address: \_\_\_\_\_  
Street City State Zip

Telephone Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

How did you hear about the position? \_\_\_\_\_ Are you 18 years of age or older?  Yes  No

### EMPLOYMENT DESIRED

Position: \_\_\_\_\_ Availability Date \_\_\_\_\_ Salary Desired \_\_\_\_\_

Are you employed now?  Yes  No If so, may we inquire of your present employer?  Yes  No

Are you able to meet the attendance requirements of this position?  Yes  No

Ever applied to this business before?  Yes  No For what position? \_\_\_\_\_ When? \_\_\_\_\_

Ever work here before?  Yes  No As what position? \_\_\_\_\_ When? \_\_\_\_\_

### EDUCATION

DATE	TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE?	SUBJECTS STUDIED AND DEGREE (S) RECEIVED
	High School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Trade, Business or Correspondence School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Have you served in the military?  Yes  No If yes, which branch? \_\_\_\_\_

(Continued on Other Side)

## GENERAL INFORMATION

Subjects of Special Study or Research Work: \_\_\_\_\_

Job Related Skills (i.e. typing, driver's license, etc.): \_\_\_\_\_

Activities Other Than Religious (Civic, Athletic, etc.): \_\_\_\_\_

NOTE: EXCLUDE ORGANIZATIONS, THE NAME OR CHARACTER OF WHICH INDICATED THE RACE, SEX, COLOR OR NATIONAL ORIGIN OF ITS MEMBERS

### FORMER EMPLOYERS

(List below your last four employers, starting with the last one first)

Date Month and Year	Name and Address of Employer	Telephone Number	Salary (upon leaving)	Position	Reason for Leaving
From: To:					
From: To:					
From: To:					
From: To:					

### REFERENCES

(List below three persons not related to you, whom you have known at least one year.)

Name	Address	Telephone Number	Position	Years Acquainted
1.				
2.				
3.				

**If you are hired by The Morrison, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.**

#### AUTHORIZATION

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by The Morrison.

I understand that any employment is conditioned on a background check. I authorize The Morrison to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to The Morrison, without giving me prior notice of such disclosure. In addition, I release The Morrison, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

**I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or The Morrison. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon The Morrison unless made in writing.**

If I am offered employment I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by The Morrison and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to The Morrison the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by The Morrison's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate The Morrison to hire. If hired, I agree to abide by all The Morrison's work rules, policies and procedures. The Morrison retains the right to revise its policies or procedures, in whole or in part, at any time.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**THE MORRISON  
JOB APPLICATION ADDENDUM**

The Omnibus Reconciliation Act of 1987 mandates the information requested below.

**All Applicants:**

Have you ever been convicted and/or found guilty by a court of competent jurisdiction or a state agency of abusing, neglecting or mistreating residents or of misappropriating resident property in this state or in any other state? If yes, please describe the offense, the date and place of the conviction and the underlying circumstances or other information to help us evaluate your current fitness for employment.

No: Yes: \_\_\_\_\_ Describe: \_\_\_\_\_

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Within the past five years, have you been convicted of: (1) a felony, (2) cruelty to persons, or (3) assault of a person sixty (60) years of age or older? If yes, please describe the offense, the date of conviction and the underlying circumstances or other information to help us evaluate your current fitness for employment.

No: Yes: \_\_\_\_\_ Describe: \_\_\_\_\_

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

\_\_\_\_\_  
Date

**Licensed Applicants:**

HAVE YOU EVER BEEN SUBJECT TO DISCIPLINARY ACTION BY A HEALTH CARE LICENSING AGENCY IN THIS OR ANY OTHER STATE, OR IN ANY OTHER UNITED STATES OR FOREIGN JURISDICTION? IF YES, PLEASE IDENTIFY THE NATURE AND DATE OF THE ACTION, THE LICENSING AGENCY INVOLVED, AND THE UNDERLYING CIRCUMSTANCES OR OTHER INFORMATION TO HELP US EVALUATE YOUR FITNESS FOR EMPLOYMENT.

No: Yes: \_\_\_\_\_ Describe: \_\_\_\_\_

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**Nurse Assistant Applicants:**

"I hereby certify that I have not been convicted and/or found guilty of resident neglect, abuse, or mistreatment, or of misappropriation of resident property in this state or any other state that I am not listed in any resident or patient abuse registry in this state or in any other state. I understand that any offer of employment that is extended to me by The Morrison is conditional upon the verification of this information with the State Patient Abuse Registry and that a listing in such registry or the registry of any other state may act as an automatic withdrawal of any such offer of employment. I further understand that any offer of employment by The Morrison is conditional upon verification of my state certification as a Nurse Assistant. In the event that I have not yet been certified and in the event that I am offered employment with The Morrison, I agree to undertake the required training and competency certification requirements immediately upon commencing employment."

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

\_\_\_\_\_  
Date



6 Terrace St. Whitefield, NH 03598

EMPLOYMENT VERIFICATION

\_\_\_\_\_ has applied for employment with us. We would appreciate your verification of the following employment information. For your convenience, we have provided this signed release. If you have any questions about it, please feel free to call.

I authorize The Morrison to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to The Morrison. In addition, I release The Morrison, any former employers and all references listed below from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

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

-----FOR MORRISON USE ONLY-----

Employer: \_\_\_\_\_ Contact: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Are the dates of employment as stated correct? Yes  No

If not, give correct dates of hire: \_\_\_\_\_ Date of separation: \_\_\_\_\_

Title of last position held: \_\_\_\_\_ How long? \_\_\_\_\_

Beginning position: \_\_\_\_\_

Brief summary of duties of last position: \_\_\_\_\_

RATING	OUTSTANDING	MORE THAN SATISFACTORY	SATISFACTORY	NEEDS IMPROVEMENT	UNSATISFACTORY
Job Knowledge					
Job Performance					
Dependability					
Initiative					
Judgment					
Cooperation					

Date of separation: \_\_\_\_\_

Voluntary  Involuntary

Eligible for rehire? \_\_\_\_\_

Yes  No

\_\_\_\_\_  
Signature and Title of Preparer

\_\_\_\_\_  
Date



6 Terrace St. Whitefield, NH 03598

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

-----FOR MORRISON USE ONLY-----

Employer: \_\_\_\_\_ Contact: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Are the dates of employment as stated correct? Yes  No

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RATING	OUTSTANDING	MORE THAN SATISFACTORY	SATISFACTORY	NEEDS IMPROVEMENT	UNSATISFACTORY
Job Knowledge					
Job Performance					
Dependability					
Initiative					
Judgment					
Cooperation					

Date of separation: \_\_\_\_\_

Voluntary  Involuntary

Eligible for rehire? \_\_\_\_\_

Yes  No

\_\_\_\_\_  
Signature and Title of Preparer

\_\_\_\_\_  
Date



6 Terrace Street, Whitefield, NH 03598-3016

**PERSONAL REFERENCE REQUEST**

\_\_\_\_\_ has applied for employment with us.

**I authorize The Morrison to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to The Morrison. In addition, I release The Morrison, any former employers and all references listed below from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.**

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

-----FOR MORRISON USE ONLY-----

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

We would appreciate your answering the following questions:

How many years have you known this individual: \_\_\_\_\_

In what capacity do you know this individual: Personal  Co-worker  Other

Please describe the individual in three words: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Thank you for your assistance in this matter.

\_\_\_\_\_  
Signature and Title of Preparer

\_\_\_\_\_  
Date

State of New Hampshire  
 Department of Health and Human Services  
 Bureau of Elderly and Adult Services (BEAS)

3655  
 12/20

## BEAS STATE REGISTRY CONSENT FORM

(RSA 161-F: 49\*)

### Employer Information

I hereby authorize the release of any adult abuse, neglect, and/or exploitation record that you might find concerning me to: *(This portion must be filled out in order to be processed.)*

Employer name: MORRISON HOSPITAL ASSOCIATION

Mailing address: 6 TERRACE STREET

City/State/Zip: WHITEFIELD, NH 03598

Telephone: 603-837-2541

Fax: 603-837-3878

### For Official Use Only NH DHHS BEAS STATE REGISTRY NAME CHECK - CONFIDENTIAL

- No Finding  
 Positive Finding  
 Unable to Process - Correct and Resubmit
- Information Illegible  
 Inaccurate Date of Birth (DOB) or DOB Missing  
 Altered Form, Not Witnessed, or Too Dark  
 Minor  
 Other:

By:  Angele Rivers  
 Karen Conlon

Date: \_\_\_\_\_

### Employee Information

PLEASE PRINT IN CLEAR BLOCK LETTERS

(If content is illegible, it will be stamped "Unable to Process" and returned.)

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Gender:  Female  Male

Also known by the following names (Maiden name, etc.):

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date of Birth: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_ Social Security #: \_\_\_\_\_

(Required)

(Optional)

Position: \_\_\_\_\_ Select one:  Applying  Current Position

Employee  Consultant  Volunteer  Other: \_\_\_\_\_

I understand that the information disclosed and provided by BEAS, under this State Registry Consent Form, is intended for use by the above-named employer in conjunction with my employment/volunteering.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

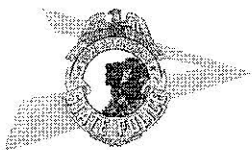
Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Required)

Fax to: (603) 271-6875 or Mail to: BEAS State Registry, 129 Pleasant Street, Concord, NH 03301

For more information, Visit: <https://www.dhhs.nh.gov/dcbcs/beas/registry.htm>,

Call: (603) 271-8154 or Email: [BEASStateRegistry@dhhs.nh.gov](mailto:BEASStateRegistry@dhhs.nh.gov)



Department of Safety  
DIVISION OF STATE POLICE

CRIMINAL HISTORY RECORD INFORMATION RELEASE AUTHORIZATION FORM

INSTRUCTIONS

NH RSA 1064:14 and Administrative Rule Saf-C 5700 authorizes the dissemination of NH Criminal History Record Information (CHRI) for non-criminal justice purposes. In NH, all CHRI is confidential and released only upon the knowledge and permission of the individual of whom the request is made. Individuals requesting their own record in person need only complete Section I. If the CHRI is to be released to a third party, both Section I and Section II must be completed. All requests by mail must have both sections completed and Section II notarized, (not required).

SECTION I (PLEASE PRINT CLEARLY)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Maiden \_\_\_\_\_ MI \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_ Male  Female   
Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

My signature below signifies I am the individual listed above and the information provided is true.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Signed under penalty of unsworn falsification pursuant to RSA 641:13

PURPOSE OF RECORD

Housing  Employment  Annulment/Expungement  Other \_\_\_\_\_

SECTION II

I hereby authorize the release of my criminal record conviction(s), if any, to the following:

Person or Entity to Receive Record The Morrison Hospital Association

Address 6 Terrace Street City Whitefield State NH Zip 03598

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of person/entity to receive record \_\_\_\_\_ Date \_\_\_\_\_

RECORD CHALLENGE

Saf-C 5703.12 Procedure for Correcting a CHRI (a) Persons or their attorneys desiring access to their CHRI for the purpose of challenge or correction shall appear at the central repository. (b) A copy shall be provided to a person if after review he/she indicates he/she needs the copy to pursue the challenge. (c) Any person making a challenge shall identify that portion of his/her CHRI which he/she believes to be inaccurate or incorrect, and shall also give a correct version of his/her record with an explanation of the reason that he/she believes his/her version to be correct. (d) The Director shall take the following actions within 30 days of receipt of challenge: (1) Review the records and contact the law enforcement agency or court which submitted the record to compare the information to determine whether the challenge is valid; (2) If the challenge is valid, which means there is a discrepancy between the information submitted and the information maintained by the law enforcement agency or court, the record shall be corrected and the person and appropriate CJAs shall be notified; and (3) If the challenge is invalid, the person shall be informed and advised of the right to appeal pursuant to RSA 541. (e) When a record has been corrected, the division shall notify all non-criminal justice agencies, to whom the data has been disseminated in the last year, of the correction. (f) The person shall be entitled to review the information that records the facts, dates, and results of each formal stage of the criminal justice process through which he passes, to ensure that all such steps are completely and accurately recorded.

**WARNING: The Division of State Police is the Criminal Record Repository for the State of New Hampshire. The record you have received is based only on what has been reported to the Repository and may not be a complete Criminal History Record of the named individual.**

To prevent a delay in processing, I have enclosed a self-addressed envelope.  
 Prepaid Acc't Number \_\_\_\_\_

A \$25.00 fee is required for each request. Make checks payable to: State of NH - Criminal Records.



I understand The Morrison Nursing Home will be submitting a Criminal background check to the State of New Hampshire. I understand this is a requirement for employment with The Morrison.

I understand that if I have ever been to court and found guilty of any offense that it is likely that violation will be on my background check.

Below are the violations that I may have:

Violation Type	Date of Conviction
_____	_____
_____	_____
_____	_____
Signature	Date

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OR

\*\*\* My signature below assures The Morrison that I have NEVER been found guilty of by a court of law for any violations. I further state that my criminal background check will be clean of any offenses. In the event a violation does show up and my failure to disclose it may result in not being hired.

Signature	Date
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