

Families First

APPLICATION FOR EMPLOYMENT

support for families...health care for all

PLEASE READ, COMPLETE AND SIGN. PLEASE BE SURE TO PRINT ALL RESPONSES.

POSITION(S) DESIRED

1. _____
2. _____
3. _____

HOW WERE YOU REFERRED TO FAMILIES FIRST?

APPLICATION DATA

LAST NAME

FIRST NAME

MIDDLE NAME

EMAIL:

ADDRESS NO. AND STREET

CITY

STATE

ZIP

PHONE

IF NOT A U.S. CITIZEN, DO YOU POSSESS A VALID WORK PERMIT? YES NO

CATEGORY OF WORK (Check all that apply)

FULL TIME

PART TIME

CONTRACTED

PER DIEM

TEMPORARY

PLEASE PROVIDE INFORMATION ABOUT THE HIGH SCHOOL, COLLEGE, TRADE OR TECHNICAL SCHOOL LAST ATTENDED.

NAME OF SCHOOL

ADDRESS

MAJOR COURSE OF STUDY

DEGREE OR DIPLOMA GRANTED

FOR NURSES ONLY

CURRENT N.H. NURSING LICENSE NUMBER

DATE

SKILLS

PLEASE CHECK AREAS WHERE YOU HAVE EXPERIENCE OR TRAINING:

- CHILDCARE DATA ENTRY KNOWLEDGE OF MEDICAL TERMINOLOGY
- CENTRICITY EHR CUSTOMER SERVICE COMPUTER SOFTWARE (Please specify below)

IS THERE ANYTHING ELSE YOU WOULD LIKE US TO KNOW ABOUT YOU?

**PLEASE ATTACH RESUME, IF DESIRED. YOU MUST COMPLETE APPLICATION IN ADDITION TO RESUME.
PLEASE EXPLAIN ANY GAPS OF MORE THAN ONE YEAR IN YOUR EMPLOYMENT HISTORY.**

EMPLOYER'S NAME, ADDRESS AND PHONE NUMBER		FROM MO/YR	TO MO/YR	SUPERVISOR	POSITION	DUTIES	REASON FOR LEAVING
1							
		WEEKLY SALARY					
2							
		WEEKLY SALARY					
3							
		WEEKLY SALARY					
4							
		WEEKLY SALARY					
5							
		WEEKLY SALARY					
6							
		WEEKLY SALARY					
7							
		WEEKLY SALARY					
8							
		WEEKLY SALARY					
9							
		WEEKLY SALARY					
10							
		WEEKLY SALARY					

ALL PREVIOUS EMPLOYERS MAY BE CONTACTED FOR REFERENCE INFORMATION

MAY WE CONTACT YOUR PRESENT EMPLOYER FOR A REFERENCE AT THIS TIME? **YES** **NO**

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

My signature authorizes all persons, companies and corporations to release and provide any and all pertinent information regarding my employment with them to Families First Health and Support Center. I do hereby release all said individuals and/or organizations contacted, including Families First, from all liability in issuing this information.

Date: _____

Signed: _____

Former Name: _____
(If needed for reference verification only)