



Dear Applicant,

The attached pages contain Southwestern Community Services's employment application.

Below you will find the instructions for completing & submitting the Employment Application:

- ✚ Print out the application
- ✚ Please fill out application **completely.**
- ✚ Sign & date the application
- ✚ Indicate position / program you are interested in.
- ✚ Mail or drop off your completed & signed application to:

***S.C.S – Attn: Human Resource Director
P.O. Box 603 / 69-Z Island Street
Keene NH 03431***

For applicants who wish to submit a resume':

- ✚ Follow the above instructions & send in resume' with cover letter.

Thank you for your interest in joining the S.C.S. Nation!



A United Way Agency

SCS is an Equal Opportunity Employer

**APPLICATION FOR EMPLOYMENT
Southwestern Community Services, Inc.**

Date _____

Position Desired: _____ [] Part Time [] Full time

Name _____
(Print) Last First Middle

Present Address _____ How long have you lived there? _____
Street and Number City State Zip Code Years Months

Previous Address _____ How long did you live there? _____
Street and Number City State Zip Code Years Months

Telephone No. _____ Social Security No. _____

E-Mail Address _____

Have you ever worked for this Company before? [] Yes [] No

If Yes, please give dates and position: _____

Have you ever pled guilty or no contest to, or been convicted of a felony? [] Yes [] No

If yes, please give the date(s) and details: _____

Have you ever pled guilty, or no contest to, or been convicted of a misdemeanor resulting in imprisonment within the last seven years? [] Yes [] No

If Yes, please give the date(s) and details: _____

Have you been arrested for any matters for which you are out on bail or on your own recognizance pending trial? [] Yes [] No
If Yes, please give the date(s) and details: _____

NOTE: Answering "Yes" to these three questions does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. (Do not include minor traffic citations and arrests or convictions which have been sealed or expunged in answering this question.)

RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references. (Add additional page if necessary.)

| Present or Last Employer | Employed From: | Pay | Your Title or Position | Exact Reason for Leaving |
|--------------------------|----------------|----------|-----------------------------------|--------------------------|
| Address | (mo/yr) | \$ Start | Name and Title of Last Supervisor | |
| City, State, Zip Code | | \$ Final | | |
| Telephone | To: (mo/yr) | | | |
| E-mail: | | | | |
| Present or Last Employer | Employed From: | Pay | Your Title or Position | Exact Reason for Leaving |
| Address | (mo/yr) | \$ Start | Name and Title of Last Supervisor | |
| City, State, Zip Code | | \$ Final | | |
| Telephone | To: (mo/yr) | | | |
| E-mail: | | | | |

| | | | | |
|--------------------------|-----------------------|-------------------|--|---------------------------------|
| Present or Last Employer | <u>Employed From:</u> | <u>Pay</u> | <u>Your Title or Position</u> | <u>Exact Reason for Leaving</u> |
| Address | (mo/yr) | \$ _____ Start | _____ | |
| City, State, Zip Code | | \$ _____ Final | <u>Name and Title of Last Supervisor</u> | |
| Telephone | <u>To: (mo/yr)</u> | | _____ | |
| E-mail: | | | | |

Have you ever been terminated or asked to resign from any job? [] Yes [] No

If Yes, please explain circumstances: _____

Please explain fully any gaps in your employment history: _____

May we contact your current employer? [] Yes [] No If No, please explain: _____

Please indicate any actual experience, special training and qualifications that you have which you feel are relevant to the position for which you are applying: _____

Have you ever used another name? [] Yes [] No. Is any additional information relative to change of name, use of an assumed name, or nickname necessary to enable a check on your work and educational record? If yes, please explain:

If hired, can your furnish proof that you are over 18 years of age? [] Yes [] No

Are you capable of satisfactorily performing the essential job duties required of the position for which you are applying?
[] Yes [] No

Do you have adequate transportation to and from work? [] Yes [] No

How many days of work have you missed in the last three years due to reasons other than paid holidays and vacation?

Year _____

Number of Days _____

Year _____

Number of Days _____

Year _____

Number of Days _____

| School Name & Address | Years Completed (Circle) | Diploma/Degree | Describe Course Or Study or Major | Describe Specialized Training, Experience, Skills And Extra-Curricular Activities |
|--------------------------|--------------------------|----------------|-----------------------------------|---|
| High School: | 9 10 11 12 | | | |
| College/University: | 1 2 3 4 | | | |
| Graduate/Professional: | 1 2 3 4 | | | |
| Trade or Correspondence: | | | | |
| Other | | | | |

PERSONAL REFERENCES

Please list persons who know you well – **not** previous employers or relatives.

| Name | Occupation | Address (Street, City and State) | Telephone Number | Number of Years Known |
|------|------------|----------------------------------|------------------|-----------------------|
| | | | | |
| | | | | |
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THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

APPLICANT'S STATEMENT & AGREEMENT

In the event of my employment to a position with Southwestern Community Services, Inc. (SCS), I will comply with all of their rules and regulations. I understand that SCS reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I also understand that any offer of employment may be contingent upon the passing of a physical examination. I consent to the disclosure of the results of any physical examination and related tests to SCS. I also understand that I may be required to take other tests such as personality and honesty tests, prior to employment and during my employment. I understand that should I decline to sign this consent or decline to take any of the above tests, my application for employment may be rejected or my employment may be terminated. I understand that bonding may be a condition of hire. If it is, I will be so advised either before or after hiring and a bond application will have to be completed.

I understand that SCS may investigate my driving record and my criminal record. I understand that I have the right to make a written inquiry within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I further understand that they may contact my previous employers and I authorize those employers to disclose to them all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees and representatives, as well as other individuals who release information to SCS, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I authorize the persons named herein as personal references to provide SCS with any pertinent information they may have regarding myself.

I hereby state that all the information that I provided on this application or any other documents filled out in connection with my employment, and in any interview is true and correct. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed and any such information is later found to be false or incomplete in any respect, I may be dismissed. I understand if selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard.

If hired, I agree as follows: My employment and compensation is terminable at-will, is for no definite period, and my employment and compensation may be terminated by either SCS (employer) or me at any time and for any reason whatsoever, with or without good cause.

This is the entire Agreement between SCS and me, the length of my employment, and the reasons for termination of employment, and this Agreement supersedes any and all prior agreements regarding these issues. It is further agreed and understood that any agreement contrary to the foregoing must be entered into, in writing, by the Executive Director of the Agency. No supervisor or representative of SCS, other than its Executive Director, has any authority to enter into any agreement for employment for any specified period of time or make any agreement contrary to the foregoing. Oral representations made before or after I am hired do not alter this Agreement.

If any term or provision or portion of this Agreement is declared void or unenforceable, it shall be severed and the remainder of this Agreement shall be enforceable.

- If you have any questions regarding this statement, please ask the appropriate Program Director or Human Resources Director.
- Do not sign until you have read the above statement and agreement.

I hereby acknowledge that I have read the above statements and understand the same.

Signature of Applicant

Date