



Southwestern Community Services

People helping people in Cheshire and Sullivan Counties since 1965

Application for Employment

APPLICANT INFORMATION					
Last Name:	First:	MI:	Date:		
Current Address:					
City:	State:	ZIP:	How long have you lived there?	Years <input type="checkbox"/>	Months <input type="checkbox"/>
Previous Address:					
City:	State:	ZIP:	How long have you lived there?	Years <input type="checkbox"/>	Months <input type="checkbox"/>
Phone:	E-mail Address:				
Date Available:	Social Security Number:				
Position Desired:					Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>
Have you ever worked for this company before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please give dates, position and your name at that time:		
Have you ever been convicted of a felony?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please give date(s) and details:		
Have you been convicted of a misdemeanor within the last seven years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please give date(s) and details:		
Have you been arrested for any matters for which you are out on bail or personal recognizance pending trial?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
If yes, please give the date(s) and details:					
<i>Note: Answering "Yes" to these questions does not constitute an automatic bar for 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.)</i>					

EDUCATION					
High School:		Address:			
From:	To:	Did you graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Degree:
College:		Address:			
From:	To:	Did you graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Degree:
Graduate:		Address:			
From:	To:	Did you graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Degree:
Other:		Address:			
From:	To:	Did you graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Degree:

PERSONAL REFERENCES

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

Full Name:	Number of years known:
Occupation:	Phone:
Address:	
Full Name:	Number of years known:
Occupation:	Phone:
Address:	
Full Name:	Number of years known:
Occupation:	Phone:
Address:	

PREVIOUS EMPLOYMENT

Company:	Phone:		
Address:	Supervisor:		
Job Title:	Starting Salary: \$	Ending Salary: \$	
Responsibilities:			
From:	To:	Reason for Leaving:	
Company:	Phone:		
Address:	Supervisor:		
Job Title:	Starting Salary: \$	Ending Salary: \$	
Responsibilities:			
From:	To:	Reason for Leaving:	
Company:	Phone:		
Address:	Supervisor:		
Job Title:	Starting Salary: \$	Ending Salary: \$	
Responsibilities:			
From:	To:	Reason for Leaving:	
Have you ever been terminated or asked to resign from any job?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please explain circumstances:

Please explain any gaps in your employment history:

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May we contact your current employer? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please explain:
Please indicate any actual experience, and/or 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? 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?
Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:
Are you capable of satisfactorily performing the essential job duties required of the position in which you are applying? Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, describe accommodations you would need:
Do you have adequate transportation to and from work? Yes <input type="checkbox"/> No <input type="checkbox"/>

DISCLAIMER AND SIGNATURE

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.

I certify that all of the information that I have provided on this application is true and accurate.

Signature:

Date:

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 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 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.

I further agree and acknowledge that SCS and I will utilize binding arbitration to resolve all disputes that may arise out of the employment context. Both SCS and I agree that any claim, dispute, and/or controversy that either I may have against SCS (or its owners, directors, officers, managers, employees, agents, and parties affiliated with its employee benefit and health plans) or that SCS may have against me, arising from, related to, or having any relationship or connections whatsoever with my seeking employment with, employment by, or other association with them shall be submitted to and determined exclusively by binding arbitration under the Federal Arbitration Act, in conformity with the procedures of the New Hampshire Arbitration Act, N.H. Rev. Stat. 547.1 et. seq. and all of the Act's other mandatory and permissive rights to discovery. Included within the scope of this Agreement are all disputes, whether based on tort, contract, statute (including, but not limited to, any claims of discrimination and harassment, whether they be based on the New Hampshire Law Against Discrimination, Title VII of the Civil Rights Act of 1964, as amended, or any other state or federal law or regulation), equitable law, or otherwise, with exception of claims arising under the National Labor Relations Act which are brought before the National Labor Relations Board, claims for medical and disability benefits under the New Hampshire Workers' Compensation Law, New Hampshire Employment Security claims, or as otherwise required by state or federal law. However, nothing herein shall prevent me from filing and pursuing proceedings before the New Hampshire Commission for Human Rights, or the United States Equal Employment Opportunity Commission (although if I choose to pursue a claim following the exhaustion of such administrative remedies, that claim would be subject to the provisions of the Agreement). In addition to any other requirements imposed by law, the arbitrator selected shall be a retired Superior Court Judge, or otherwise qualified individual to whom the parties mutually agree, and shall be subject to disqualification on the same grounds as would apply to a judge of such court. All rules of pleading, all rules of evidence, all rights to resolution of the dispute by means of motions for summary judgment and judgment on the pleadings, shall apply and be observed. Resolution of the dispute shall be based solely upon the law governing the claims and defenses pleaded, and the arbitrator may not invoke any basis (including but not limited to, notions of "just cause") other than such controlling law. The arbitrator shall have the immunity of a judicial officer from civil liability when acting in the capacity of an arbitrator, which immunity supplements any other existing immunity. Likewise, all communications during or in connection with the arbitration proceedings are privileged. As reasonably required to allow full use and benefit of this agreement's modifications to the Act's procedures, the arbitrator shall extend the times set by the Act for the giving of notices and setting of hearings. Awards shall include the arbitrator's written reasoned opinion. I understand and agree to this binding arbitration provision, and both I and SCS give up our right to trial by jury of any claim I or SCS may have against each other.

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 regarding dispute resolution, 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 you are 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 an Agency representative before signing. I hereby acknowledge that I have read the above statements and understand the same.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT & AGREEMENT.

Signature of Applicant

Date