

## Personal Information

Date of Application: \_\_\_\_\_ Date Available \_\_\_\_\_

Name

Social Security #:

Present Address

Home #

Cell #

Permanent Address (if different than present address)

City

State

Zip Code

If you cannot be reached at above phone numbers, where may we contact you?

Name of person:

Phone # \_\_\_\_\_

Position Applying For:

Rate of Pay Expected: \_\_\_\_\_

Employment Desired:

First Choice:

Shift \_\_\_\_\_ # of Hours \_\_\_\_\_

Will you accept employment of:

Second Choice:

Shift	# of Hours
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Full time

Part time      Temporary

Third Choice:

Shift	# of Hours
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Are you 18 yrs of age or older

No

May we contact your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_

How did you learn of this Opening?

Education:

Circle highest grade completed 8 9 10 11 12 13 14 15 16

### Scholastic Honors Received

	Name of School	Location City/State	Courses Taken	Completed	Degree or Certificate
Grammar or Grade School				No _____ Yes _____	
High School				No _____ Yes _____	
Vocational or Business				No _____ Yes _____	
College				No _____ Yes _____	
Professional Education				No _____ Yes _____	
Other				No _____ Yes _____	

Person to be notified in case of accident or emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### Criminal Record Information

Any final candidate hired for a position with Colonial Poplin & Poplin Way is subject to a Criminal Offender Record Information (CORI) investigation. Any employment or offer of employment you may receive from our organization is contingent upon CORI Investigation results, which meet our standards. Any applicant with a sealed record on file with the commissioner of probation may answer "no record": with respect to an Inquiry herein relative to prior arrests, criminal court appearances or convictions. In addition, any applicant for employment may answer "no record" with respect to any inquiry relative to prior arrest, court appearances and adjudications in all cases of delinquency or as a child in need of services, which did not result in conviction.

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_, If yes give date and explain:

\_\_\_\_\_

Have you been convicted of a misdemeanor in the past 5 years? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes give date and explain:

\_\_\_\_\_

#### Additional Information

Please answer the following question once you have been informed about the requirements of the job for which you are applying.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation has been provided.

Yes \_\_\_\_\_ No \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Colonial Poplin Facility New Hire Check List

Applicant Name: \_\_\_\_\_ Department: \_\_\_\_\_

Position Applying For: \_\_\_\_\_

THE FOLLOWING MUST BE COMPLETED PRIOR TO OFFERING A POSITION

\_\_\_ Completed Application

\_\_\_ Two Reference forms completed and checked

\_\_\_ Criminal Background Check Received

\_\_\_ BEAS Submitted and Received

\_\_\_ OIG Excluded Individuals / Entities checked and printed

\_\_\_ Valid Picture ID

\_\_\_ Drug Test Submitted and Returned

If Applicable:

\_\_\_ Copy and verification of Professional License

\_\_\_ Youth Employment / Permission Forms if applicable

\_\_\_ TB Test #1:            Date Given: \_\_\_\_\_

\_\_\_ TB Test #2:            Must be given 14 days after initial test: \_\_\_\_\_  
(Specific date)

\_\_\_ Physical By MD / ARNP

\_\_\_ Appropriate Job Description given to potential employee

***\*\*Please note: The above must be completed before the first day of orientation.***

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

3655  
10/22

**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 may find concerning me to:

Employer/Agency: Colonial Poplin Nursing Facility

Employer Contact: Betsy Cox

Mailing Address: 442 Main Street

City/State/Zip: Fremont NH 03044

Telephone: 6038953126

Email: betsy@colonialpoplin.com

**Employee Information**

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

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

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

Email: \_\_\_\_\_

*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 \_\_\_\_ Last 4 Digits of Social Security #: \_\_\_\_\_

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

☐ Employee ☐ Consultant ☐ Volunteer ☐ Vendor ☐ 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 or Legal Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Employee: \_\_\_\_\_ Email: \_\_\_\_\_

For more information,

Visit: <https://www.dhhs.nh.gov/programs-services/adult-aging-care/elderly-adult-services-state-registry>,

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

**FOR OFFICIAL USE ONLY - NH DHHS BEAS STATE REGISTRY NAME CHECK - CONFIDENTIAL**

☐ No Finding ☐ Positive Finding ☐ Unable to Process

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

## 4Criminal Background Check Information

Full Legal Name: \_\_\_\_\_

Full Legal Address: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Birth Place: \_\_\_\_\_

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

- Copy of valid drivers license or photo ID card

I understand that Colonial Poplin Nursing Facility will perform a background check prior to employment.

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

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

# Telephone Reference Requests

Applicant Name \_\_\_\_\_

Most recent Employer Name \_\_\_\_\_ Date \_\_\_\_\_  
 Previous Name and Title \_\_\_\_\_ From \_\_\_\_\_  
 Employer To \_\_\_\_\_  
 Duties or position \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_  
 Would they re-hire Yes No if no, why not? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Attendance	Good	Adequate	Poor
Quality of work	Good	Adequate	Poor
Cooperation	Good	Adequate	Poor
Initiative	Good	Adequate	Poor
Gen. Attitude	Good	Adequate	Poor

Signature \_\_\_\_\_

Previous Employer Name \_\_\_\_\_ Date \_\_\_\_\_  
 Name and Title \_\_\_\_\_ From \_\_\_\_\_  
 To \_\_\_\_\_  
 Duties or position \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_  
 Would they re-hire Yes No if no, why not? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Attendance	Good	Adequate	Poor
Quality of work	Good	Adequate	Poor
Cooperation	Good	Adequate	Poor
Initiative	Good	Adequate	Poor
Gen. Attitude	Good	Adequate	Poor

Signature \_\_\_\_\_

Previous Employer/ Personal Name \_\_\_\_\_ Date \_\_\_\_\_  
 Name and Title \_\_\_\_\_ From \_\_\_\_\_  
 To \_\_\_\_\_  
 Duties or position \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_  
 Would they re-hire Yes No if no, why not? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Attendance	Good	Adequate	Poor
Quality of work	Good	Adequate	Poor
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Signature \_\_\_\_\_