

For office use only

Walk in:

Date received: _____

Date Interviewed: _____

Interviewed by: _____

Date letter sent: _____



Community Integrated Services, Inc. (CIS)

Administrative Office
64B Old Suncook Road
Concord, NH 03301
Phone: (603) 224-0044 | Fax: (603) 224-0244

Regional Office
1050 Perimeter Rd Suite 302
Manchester, NH 03103
Tel: (603) 836-4400 | Fax: (603) 499-7472

www.cisnh.org

Note: Additional documents will be required upon request by Community Integrated Services, Inc., in order to complete the application process.



APPLICATION FOR EMPLOYMENT

Please Print All Information Requested Except Signature

Date: _____

Personal Information

Name: _____
Last First Middle

Present Address: _____
Number Street City State Zip

Mailing Address (if different): _____

Have you lived anywhere outside of New Hampshire in the past 3 years? YES NO

If so, Where? _____

Primary Telephone: _____ Cell Phone: _____

How did you hear about CIS? _____ Email Address: _____

Have you ever applied for employment with us? YES NO If Yes; Month & Year _____

Are you authorized to work in the United States? YES NO

If NO, are you authorized by INS to work? YES NO Alien # _____

Do you have a valid driver's license? YES NO
(Proof Required)

Do you have automobile insurance? YES NO Carrier: _____
(Proof Required)

Have you ever been convicted of a crime? YES NO

If yes, describe in full (use additional sheet of paper, if needed).

(Failure to disclose either of the above may result in post hire termination)

Employment Desired

Position: _____ Date you can start: _____ Salary Desired _____

Are you available for full-time or part-time employment (circle one)? Full-Time Part-Time

What hours are you available? Include shift(s) if applicable:

Sun _____ Mon _____ Tue _____ Wed _____ Thur _____ Fri _____ Sat _____



Education: please provide proof of education

School	Name and Address of School	Dates:	Number of Years Completed	Did You Graduate?	Major & Degree
High School		From:			
		To:			
College/ University (BA, BS, AA)		From:			
		To:			
Bus. Or Trade School in addition to above		From:			
		To:			
Other (Specify)		From:			
		To:			
New Hampshire DSP Curriculum					

Indicate any specialized trainings you have received, other than high school or college level credit courses, to include New Hampshire Direct Support Professional curriculum.

List qualifications you have that make you feel you will be successful at this job? (Besides education and experience)

What interest you most about the field of human services? (Specifically working with individuals with disabilities)

Work Experience: Please list your work experience for the past five years beginning with your most recent job held.

Company Name	Telephone ()
Address	Employed – (State month and year) From To
Name of Supervisor	Weekly pay Start Last
State job title and describe your work	Reason for leaving

May we contact the employer listed above? YES or NO

Work experience cont:

Company Name	Telephone ()
Address	Employed – (State month and year) From To
Name of Supervisor	Weekly pay Start Last
State job title and describe your work	Reason for leaving

May we contact the employer listed above? YES or NO

Work Experience cont:

Company Name	Telephone ()
Address	Employed – (State month and year) From To
Name of Supervisor	Weekly pay Start Last
State job title and describe your work	Reason for leaving

May we contact the employer listed above? YES or NO

Work experience cont:

Company Name	Telephone ()
Address	Employed – (State month and year) From To
Name of Supervisor	Weekly pay Start Last
State job title and describe your work	Reason for leaving

May we contact the employer listed above? YES or NO



Administrative Office
64B Old Suncook Road
Concord, NH 03301
Phone: (603) 224-0044 | Fax: (603) 224-0244

REFERENCE CHECK: Please list references other than relatives.

Contact Person: _____
Position: _____
Company/Address: _____
Telephone Number: _____

* **Authorization:** I give my permission to the above named person(s) or company, to give Community Integrated Services, Inc. information in regards to the position I have applied for.

Signature: _____ Date: _____

Contact Person: _____
Position: _____
Company/Address: _____
Telephone Number: _____

* **Authorization:** I give my permission to the above named person(s) or company, to give Community Integrated Services, Inc. information in regards to the position I have applied for.

Signature: _____ Date: _____

Contact Person: _____
Position: _____
Company/Address: _____
Telephone Number: _____

* **Authorization:** I give my permission to the above named person(s) or company, to give Community Integrated Services, Inc. information in regards to the position I have applied for.

Signature: _____ Date: _____

Contact Person: _____
Position: _____
Company/Address: _____
Telephone Number: _____

* **Authorization:** I give my permission to the above named person(s) or company, to give Community Integrated Services, Inc. information in regards to the position I have applied for.

Signature: _____ Date: _____