



# NASHUA Adult Day Health

www.nashuaadh.com

## Application For Employment

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

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

Date Available: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever been convicted of a felony? YES  NO

If yes, explain: \_\_\_\_\_

## Education

High School: \_\_\_\_\_

Did you graduate? YES  NO

College: \_\_\_\_\_

Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_

Did you graduate? YES  NO  Degree: \_\_\_\_\_

## References

*Please list two (2) professional references.*

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

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_



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## Previous Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

### Disclaimer & Signature certify that my answers are true & complete to the best of my knowledge

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I also understand that if a position is offered to me, I must pass a criminal background check, BEAS registry check, physical screening and 2-step TB test before employment begins.*

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

Completed applications can be emailed to: [kyle@nashuaadh.com](mailto:kyle@nashuaadh.com)

OR

Mailed to the following address:

**Nashua Adult Day Health  
32 Daniel Webster Highway, Unit 10  
Merrimack, NH 03054**