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| **Life Transition Services, LLC**  60 Pine Mill Road, PO Box 393 North Haverhill, NH 03774  Completed applications should be sent to: **ltsadministration@ltsnh.org**  603-787-6656  **APPLICATION FOR EMPLOYMENT** |
| LAST NAME FIRST NAME MIDDLE INITIAL |
| ADDRESS *street city state zip code* |
| HOME PHONE CELL PHONE WORK PHONE  ( ) ( ) ( )  EMAIL ADDRESS: (Circle One) |
| Do you have the legal right to accept employment in the United States? YES NO  Are you 18 years of age or older? YES NO  Do you possess a valid driver’s license? YES NO  Do you have use of an automobile to transport consumers if necessary? YES NO  Have you lived outside of NH in the last 12 months? YES NO  If so, where? (please list city/state) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| POSITION DESIRED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DESIRED SALARY $\_\_\_\_\_\_\_\_\_\_\_\_\_\_/Hour  SCHEDULE RESTRICTIONS (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Full Time \_\_\_\_\_\_ Part Time \_\_\_\_\_\_ Per Diem \_\_\_\_\_\_ Respite \_\_\_\_\_\_\_  If your application is considered favorably, on what date will you be available for work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Have you been employed by Life Transition Services before? (please circle) YES NO  If yes, when and your reason for leaving? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| IF YOU HAVE EVER BEEN CONVICTED OF A CRIME (FELONY OR MISDEMEANOR) THAT HAS NOT BEEN OFFICIALLY ANNULLED BY COURT, YOU:  **MUST COMPLETE THE FOLLOWING SECTION. GIVING THE DATE, LOCATION AND NATURE OF THE FELONY OR MISDEMEANOR CONVICTION.**  **If you leave this space blank, you are certifying that you have no current record or conviction.**   |  | | --- | |  |   **Please note: Conviction is not an automatic disqualifier for employment. Each case is considered individually.**  WILLFULL OMMISSION OR MISREPRESENTATION OF REQUIRED INFORMATION WILL BE A BASIS OF REJECTION OF YOUR APPLICATION.  *Life Transition Services is an equal opportunity employer. Discrimination based on age, sex, race, color, marital status, physical or mental disability, religious creed, national origin, sexual orientation or any other non-merit factor is strictly prohibited.* |

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| **EXPERIENCE – WORK HISTORY**  In the section below, please describe your experience/work history (including pertinent volunteer experience), beginning with your current or most recent position. If more space is needed, please attach additional sheets. You are encouraged to submit a current resume with your application. PLEASE NOTE: RESUME’S WILL NOT BE ACCEPTED IN PLACE OF A FULLY COMPLETED APPLICATION FORM. |
| |  |  | | --- | --- | | Employer | Supervisor Name/ Title: | | Employer Address: | | | Phone Number: | Dates of Employment: | | Salary Upon Leaving: | **Reason for Leaving:** | | Position and Duties: | | | May we contact? (Please circle) YES NO | | |
| |  |  | | --- | --- | | Employer | Supervisor Name/ Title: | | Employer Address: | | | Phone Number: | Dates of Employment: | | Salary Upon Leaving: | **Reason for Leaving:** | | Position and Duties: | | | May we contact? (Please circle) YES NO | | |
| |  |  | | --- | --- | | Employer | Supervisor Name/ Title: | | Employer Address: | | | Phone Number: | Dates of Employment: | | Salary Upon Leaving: | **Reason for Leaving:** | | Position and Duties: | | | May we contact? (Please circle) YES NO | | |

|  |  |  |  |  |
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| **EDUCATION** | | | | |
| School Name, City and State | Major | | # of Years Attended | Degrees Received |
| High School |  | |  |  |
| College |  | |  |  |
| Graduate |  | |  |  |
| Other |  | |  |  |
| **LICENSE AND CERTIFICATION** | | | | |
| **Please list any license or special certifications that you hold, specifying license/certificate number and date of expiration.**   |  |  | | --- | --- | | **LPN#** | **Expires:** | | **RN#** | **Expires:** | | **Other:** | **Expires:** | | **Other:** | **Expires:** | | | | | |
| **INFORMATION TECHNOLOGY TRAINING/EXPERIENCE** | | | | |
| **Please list below your experience in Information Technology (data processing, word processing, spreadsheets, etc.). Note any specific software applications in which you are proficient:**  **Have you had any experience with the developmentally disabled or other human services type of work?**  (Please Circle) YES NO  **If yes, please describe:** | | | | |
| **PROFESSIONAL REFERENCES Please do not list friends or relatives in the spaces below** | | | | |
| Name: | | Phone Number: | | |
| Address: | | Relationship: | | |
| Name: | | Phone Number: | | |
| Address: | | Relationship: | | |
| Name: | | Phone Number: | | |
| Address: | | Relationship: | | |

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| **MILITARY SERVICE** |
| Branch: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Rank at Discharge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of Discharge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If other than honorable, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **REQUIRED DOCUMENTATION UPON EMPLOYMENT** |
| ***If you are selected to come in for an interview, please be prepared to give us a copy of your valid license, a second form of identification, your valid vehicle registration, and valid vehicle insurance.*** |
| Driver’s License Number: License State: Expiration Date: |
| Insurance Company: Effective Date: Expiration Date: |
| Registration State: Expiration Date: |
| Social Security Number: |
| **Please tell us what makes you a great candidate for this position? Include any special skills, qualifications and trainings acquired from employment, experiences that may qualify you to work with our agency; including sign language, facilitated communications, etc.** |
| |  | | --- | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| **I understand that for my application to be considered, the following Affirmation must be checked.**  I certify that the information provided in or attached to this application is complete, accurate, and up-to-date on the date specified below. I certify that I have the legal right to accept employment in this state, and that I will produce, at or before the date of hire, proof of that right to accept employment. I further certify that there are no willful misrepresentations of the above statements and the answers to the questions herein, and that I have made no omissions of material fact with respect to any of my answers to the questions presented. I understand that if an investigation should disclose such misrepresentations or omissions, my application may be rejected and furthermore, I understand that if I should be employed at the time of such investigation and disclosure, my service may be immediately terminated.  I also understand that any offer of employment is conditional upon successful completion of criminal checks, driving record checks, and receipt of satisfactory references. In connection with my application, I authorize Life Transition Services, LLC and any agent action on their behalf, to conduct an inquiry of my record of any or all my former and present employers, references, any and all educational institutions, including but not limited to any felony convictions or history of child/client abuse. Moreover, I hereby release and discharge Life Transition Services, LLC, its agents and all others from any liability for damages which may result from such investigation.  Finally, I further understand that Life Transition Services, LLC is an “employment at will” employer and therefore my employment and compensation can be terminated at any time with or without cause, either at my option or at the option of Life Transition Services, LLC.  □ **By checking this box, you are certifying that you have read, understood and agreed to the above statement.**  **Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **REFERRAL INFORMATION** |
| **How did you learn about Life Transition Services? (Please circle below)**  Life Transition Services Employee Friend Job Posting Newspaper Other  Please specify name of person or source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Do you currently have relatives working at this organization?** (Please circle) YES NO  If yes, please name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Completed applications should be sent to:**

Administration, Life Transition Services, 60 Pine Mill Road, PO Box 393 North Haverhill, NH 03774 **or** ltsadministration@ltsnh.org

**Life Transition Services, LLC**

60 Pine Mill Road, PO Box 393 North Haverhill, NH 03774

603-787-6656

**Reference Check**

Life Transition Services, LLC is a private agency that provides day services to developmentally disabled individuals.

The person named below has applied to Life Transition Services, LLC for employment and has given us permission to check references. We would sincerely appreciate you providing the information requested and any additional comments which will be of assistance to us in evaluating his/her character and ability. Any information furnished with be regarded as confidential.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Applicant Name* *Maiden or Other Name***

I authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To provide an opinion as to my suitability for employment providing services to individuals with developmental disabilities. I have read and understand the contents of this form. With this authorization, I hereby release you and Life Transition Services, LLC from any and all liability for providing this information regardless of the truth or falsity thereof.

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

\* \* \* \* \* \* \* \* \* \* \*

Former Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did the applicant give adequate notice? YES \_\_\_\_\_\_ NO \_\_\_\_\_

Is the Employee eligible for re-hire? YES \_\_\_\_\_\_ NO \_\_\_\_\_

On what terms did the Applicant leave? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Would you recomment the applicant for this position? YES \_\_\_\_\_ NO \_\_\_\_\_

-Please turn over-

Page 1 of 2

**Please complete all applicable questions**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Outstanding | Above Average | Average | Below Average | Unsatisfactory |
| Interpersonal skills |  |  |  |  |  |
| Attendance/Dependability |  |  |  |  |  |
| Follow Through |  |  |  |  |  |
| Written Communication Skills |  |  |  |  |  |

1. How long have you known this person; and in what capacity, and how well?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Describe the applicant’s ability to care for a person with special needs and to act as appropriate role models for someone who may need help with their social, physical, medical, and/or behavior skills. Please comment on any special skills and interests they have which might enrich a person’s life.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you have any reservations about this person providing support services?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature of Reference Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Date

Phone Reference Check? YES \_\_\_\_\_\_ NO \_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of person completing Phone Reference Check

Page 2 of 2

**Life Transition Services, LLC**

60 Pine Mill Road, PO Box 393 North Haverhill, NH 03774

603-787-6656

**Reference Check**

Life Transition Services, LLC is a private agency that provides day services to developmentally disabled individuals.

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Applicant Name* *Maiden or Other Name***

I authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To provide an opinion as to my suitability for employment providing services to individuals with developmental disabilities. I have read and understand the contents of this form. With this authorization, I hereby release you and Life Transition Services, LLC from any and all liability for providing this information regardless of the truth or falsity thereof.

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

\* \* \* \* \* \* \* \* \* \* \*

Former Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did the applicant give adequate notice? YES \_\_\_\_\_\_ NO \_\_\_\_\_

Is the Employee eligible for re-hire? YES \_\_\_\_\_\_ NO \_\_\_\_\_

On what terms did the Applicant leave? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Would you recomment the applicant for this position? YES \_\_\_\_\_ NO \_\_\_\_\_

-Please turn over-

Page 1 of 2

**Please complete all applicable questions**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Outstanding | Above Average | Average | Below Average | Unsatisfactory |
| Interpersonal skills |  |  |  |  |  |
| Attendance/Dependability |  |  |  |  |  |
| Follow Through |  |  |  |  |  |
| Written Communication Skills |  |  |  |  |  |

1. How long have you known this person; and in what capacity, and how well?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Describe the applicant’s ability to care for a person with special needs and to act as appropriate role models for someone who may need help with their social, physical, medical, and/or behavior skills. Please comment on any special skills and interests they have which might enrich a person’s life.

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1. Do you have any reservations about this person providing support services?

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Signature of Reference Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Date

Phone Reference Check? YES \_\_\_\_\_\_ NO \_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of person completing Phone Reference Check

Page 2 of 2

**Life Transition Services, LLC**

60 Pine Mill Road, PO Box 393 North Haverhill, NH 03774

603-787-6656

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***Applicant Name* *Maiden or Other Name***

I authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\* \* \* \* \* \* \* \* \* \* \*

Former Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did the applicant give adequate notice? YES \_\_\_\_\_\_ NO \_\_\_\_\_

Is the Employee eligible for re-hire? YES \_\_\_\_\_\_ NO \_\_\_\_\_

On what terms did the Applicant leave? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you recomment the applicant for this position? YES \_\_\_\_\_ NO \_\_\_\_\_

-Please turn over-

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**Please complete all applicable questions**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Outstanding | Above Average | Average | Below Average | Unsatisfactory |
| Interpersonal skills |  |  |  |  |  |
| Attendance/Dependability |  |  |  |  |  |
| Follow Through |  |  |  |  |  |
| Written Communication Skills |  |  |  |  |  |

1. How long have you known this person; and in what capacity, and how well?

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1. Describe the applicant’s ability to care for a person with special needs and to act as appropriate role models for someone who may need help with their social, physical, medical, and/or behavior skills. Please comment on any special skills and interests they have which might enrich a person’s life.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you have any reservations about this person providing support services?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature of Reference Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Date

Phone Reference Check? YES \_\_\_\_\_\_ NO \_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of person completing Phone Reference Check

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