



# 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 ☐ No ☐ If yes, please explain circumstances: \_\_\_\_\_

Please explain any gaps in your employment history: \_\_\_\_\_

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



\*\*\*CONTINUED ON NEXT PAGE – SIGNATURE REQUIRED (SEE STEP 7)\*\*\*



**STEP 4****Notary Public or Justice of the Peace  
Acknowledgment**

This Acknowledgment is required to be signed by the record holder **ONLY** if the record holder is authorizing someone else to get the requested information.

If the requestor is asking for his/her own information, this section **DOES NOT** need to be completed, and you may proceed to Step 6.

I am the record holder and I authorize my record to be released to the requester listed in Step 3:

Signature of record holder \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

State of \_\_\_\_\_, County of \_\_\_\_\_, ss. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

The above named \_\_\_\_\_ personally appeared and made oath that the above declaration by him/her is true.

Notary Public/Justice of the Peace \_\_\_\_\_

Commission expires \_\_\_\_/\_\_\_\_/\_\_\_\_

Affix Seal

**STEP 5**

**Intended Use of Information:** To be completed only if you are a member of a bank or lienholder, a tow company, a private investigator licensed by this state, an employer, an insurance company, a public utility, or a law firm/lawyer, all pursuant to RSA 260:14 (see sections below).

- ☐ For use in connection with any civil, criminal, administrative or arbitral proceeding. [RSA 260:14, V(a)(2)].  
Docket #: \_\_\_\_\_ Court: \_\_\_\_\_
- ☐ By a bank or similar institution to verify the accuracy of personal information submitted by the individual to the bank [RSA 260:14, V(a)(3)].
- ☐ For providing notice to the owner(s) of a towed or impounded vehicle [RSA 260:14, V(a)(5)]
- ☐ For providing notice to the owner(s) for storage or a Mechanic's Lien
- ☐ For use by any private investigative agency or security service licensed by this state for any purpose permitted pursuant to RSA 260:14, V(a), other than for bulk distribution for surveys, marketing or solicitations pursuant to RSA 260:14 V(a)(8). Indicate specific reason here: \_\_\_\_\_ [RSA 260:14, V(a)(6)].
- ☐ By an employer or its agent or insurer to obtain or verify information relating to a holder of a commercial drivers license [RSA 260:14, V(a)(7)].
- ☐ By a public utility to perform its public service obligation provided the individual has given their express consent [RSA 260:14, V(a)(9)].
- ☐ For an insurance company or its authorized agent [RSA 260:14, IV(a)(2)].
- ☐ For use by a life insurance company authorized to write life insurance policies, or its authorized agent. In checking this, I represent that the named person's written consent to the release of the record has been obtained and that the record will be used solely in connection with claims investigation, rating and underwriting. [RSA 260:14, V(a)(10)]. Initial here: \_\_\_\_\_

**Requirements for a  
Certificate of Authority:**

1. Must be on company letterhead.
2. Must list the types of DMV documents you want.
3. Must state what you intend to do with the DMV documents named.
4. Must name employees who may make requests in person/mail for your company, if any.
5. Must be signed by the attorney/owner/principal.
6. The NH DMV must have a new C.O.A. each calendar year. All expire December 31<sup>st</sup>.
7. All requests requiring a C.O.A. must be completed at Concord DMV.

**STEP 6****IMPORTANT!!! Please read the penalty clause below:**

RSA 260:14, IX states as follows: (a) A person is guilty of a misdemeanor if such person knowingly discloses information from a department record to a person known by such person to be an unauthorized person; knowingly makes a false representation to obtain information from a department record; or knowingly uses such information for any use other than the use authorized by the department. In addition, any professional or business license issued by this state and held by such person may, upon conviction and at the discretion of the court, be revoked permanently or suspended. Each such unauthorized disclosure, unauthorized use or false representation shall be considered a separate offense.

**STEP 7****Signature (this step is required):**

I have read the NH law RSA 260:14 and I understand the limitations placed on the use of information received by the Department of Safety. This form is signed under penalty of unsworn falsification pursuant to NH law RSA 641:3 and subject to the penalties specified in NH law RSA 260:14, IX.

Signature of Requestor: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**STEP 8****Submit your request:**

- **Mail:** NH DMV, 23 Hazen Drive, Concord NH 03305 (Please indicate "DSMV 505" on the envelope).
- **In person:** You are required to bring photo identification that has not been expired for more than 3 years.
- **Payment:** Please make checks payable to: "State of NH – DMV."



Central Repository for Criminal Records

**CRIMINAL HISTORY RECORD INFORMATION RELEASE AUTHORIZATION FORM**

**INSTRUCTION SHEET**

The state police Criminal Records Unit has revamped the authorization form to obtain Criminal History Record Information (CHRI) record checks. The revamped request form will replace all previous forms currently being used. Please substitute the attached revised form for what you have been using. An updated electronic version is also on the Criminal Records Unit website.

The below step by step instructions will assist you in completing the form:

1. This section requires the name and Personal Identifying Information (PII) of the individual of whom you are requesting a criminal history record. Please print the last name, maiden (if applicable), first and middle initial; the physical address, date of birth, hair and eye color, sex, and state and number of the driver's license.
2. This section identifies the reason why a CHRI is being requested. The majority of CHRI requests are for housing, employment, or annulment purposes; all other reasons should be noted on the "other" line. The individual must sign and date on this line. This acknowledges to the Criminal Records Unit that the individual gives his or her consent to a CHRI check and that the results will be released to the individual identified in step 3.
3. The individual must sign and date on this line. This acknowledges to the Criminal Records Unit that the individual gives his or her consent to a CHRI check and that the results will be released to the individual identified in step 1.
4. The individual must sign and date on this line. This acknowledges to the Criminal Records Unit that the individual gives his or her consent to a CHRI check and that the results will be released to the school individual identified in step 1.
5. The Notary's signature and seal signifies that the Releasee's identity has been validated.
6. In New Hampshire, under the authority of Administrative Rule Saf-C 5703.12, anyone with a criminal history record has the right to challenge that record if he or she believes it may contain inaccurate information.
7. Enclosing a self-addressed envelope will enable a more timely return.



# State of New Hampshire

Department of Safety  
DIVISION OF STATE POLICE

## Criminal Records Unit

33 Hazen Drive, Concord, NH 03305

### CRIMINAL HISTORY RECORD INFORMATION RELEASE AUTHORIZATION FORM

#### INSTRUCTIONS

NH RSA 106-B:14 and Administrative Rule Saf-C 5700 authorizes the dissemination of NH Criminal History Record Information (CHRI) for non-criminal justice purposes. In NH, all CHRI is confidential and released only upon the knowledge and permission of the individual of whom the request is made. Individuals requesting their own record in person need only to complete Section I. If the CHRI is to be released to a third party, both Section I and Section II must be completed. All requests by mail must have both sections completed and Section II notarized.

#### SECTION I (PLEASE PRINT CLEARLY)

NAME \_\_\_\_\_  
LAST (MAIDEN/ALIAS) FIRST MI

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP CODE

DATE OF BIRTH \_\_\_\_\_ HAIR COLOR \_\_\_\_\_ EYE COLOR \_\_\_\_\_

SEX \_\_\_\_\_ DRIVER LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

PURPOSE OF RECORD: Housing Employment Annulment/Expungement  
Other \_\_\_\_\_

My signature below certifies I am the individual listed above and the information provided is true

YOUR SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_  
Signed under penalty of unsworn falsification pursuant to RSA 641:3

SIGNATURE OF PERSON/ENTITY TO RECEIVE RECORD \_\_\_\_\_ DATE \_\_\_\_\_

#### SECTION II

I hereby authorize the release of my criminal record conviction(s), if any, to the following individual:

NAME OF PERSON/ENTITY TO RECEIVE RECORD \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP CODE

YOUR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NOTARY'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(AFFIX Seal)

(comm., Exp.)

#### RECORD CHALLENGE

**Saf-C 5703.12 Procedure for Correcting a CHRI** (a) Persons or their attorneys desiring access to their CHRI for the purpose of challenge or correction shall appear at the central repository. (b) A copy shall be provided to a person if after review he/she indicates he/she needs the copy to pursue the challenge. (c) Any person making a challenge shall identify that portion of his/her CHRI which he/she believes to be inaccurate or incorrect, and shall also give a correct version of his/her record with an explanation of the reason that he/she believes his/her version to be correct. (d) The director shall take the following actions within 30 days of receipt of challenge: (1) Review the records and contact the law enforcement agency or court which submitted the record to compare the information to determine whether the challenge is valid; (2) If the challenge is valid, which means there is a discrepancy between the information submitted and the information maintained by the law enforcement agency or court, the record shall be corrected and the person and appropriate CJAs shall be notified; and (3) If the challenge is invalid, the person shall be informed and advised of the right to appeal pursuant to RSA 541. (e) When a record has been corrected, the division shall notify all non-criminal justice agencies, to whom the data has been disseminated in the last year, of the correction. (f) The person shall be entitled to review the information that records the facts, dates, and results of each formal stage of the criminal justice process through which he passes, to ensure that all such steps are completely and accurately recorded.



To prevent a delay in processing, I have enclosed a self-addressed envelope

A \$25.00 fee is required for each request. Make checks payable to: State of NH - Criminal Records.

New Hampshire Department of Safety  
DIVISION OF STATE POLICE





# State of New Hampshire

Department of Safety  
DIVISION OF STATE POLICE

## Criminal Records Unit

33 Hazen Drive, Concord, NH 03305

### CRIMINAL HISTORY RECORD INFORMATION RELEASE AUTHORIZATION FORM

#### INSTRUCTIONS

NH RSA 106-B:14 and Administrative Rule Saf-C 5700 authorizes the dissemination of NH Criminal History Record Information (CHRI) for non-criminal justice purposes. In NH, all CHRI is confidential and released only upon the knowledge and permission of the individual of whom the request is made. Individuals requesting their own record in person need only to complete Section I. If the CHRI is to be released to a third party, both Section I and Section II must be completed. All requests by mail must have both sections completed and Section II notarized.

#### SECTION I (PLEASE PRINT CLEARLY)

NAME

LAST

(MAIDEN/ALIAS)

FIRST

MI

ADDRESS

STREET

CITY

STATE

ZIP CODE

DATE OF BIRTH

HAIR COLOR

EYE COLOR

SEX

DRIVER LICENSE NUMBER

STATE

PURPOSE OF RECORD: Housing Employment Annulment/Expungement

Other

My signature below certifies I am the individual listed above and the information provided is true

YOUR SIGNATURE:

DATE

Signed under penalty of unsworn falsification pursuant to RSA 641:3

SIGNATURE OF PERSON/ENTITY TO RECEIVE RECORD

DATE

#### SECTION II

I hereby authorize the release of my criminal record conviction(s), if any, to the following individual:

Mandy G. White

NAME OF PERSON/ENTITY TO RECEIVE RECORD

ADDRESS 63 Community Way Keene, NH 03431

STREET

CITY

STATE

ZIP CODE

YOUR SIGNATURE

DATE

NOTARY'S SIGNATURE

DATE

(AFFIX Seal)

(comm.. Exp.)

#### RECORD CHALLENGE

**Saf-C 5703.12 Procedure for Correcting a CHRI** (a) Persons or their attorneys desiring access to their CHRI for the purpose of challenge or correction shall appear at the central repository. (b) A copy shall be provided to a person if after review he/she indicates he/she needs the copy to pursue the challenge. (c) Any person making a challenge shall identify that portion of his/her CHRI which he/she believes to be inaccurate or incorrect, and shall also give a correct version of his/her record with an explanation of the reason that he/she believes his/her version to be correct. (d) The director shall take the following actions within 30 days of receipt of challenge: (1) Review the records and contact the law enforcement agency or court which submitted the record to compare the information to determine whether the challenge is valid; (2) If the challenge is valid, which means there is a discrepancy between the information submitted and the information maintained by the law enforcement agency or court, the record shall be corrected and the person and appropriate CJAs shall be notified; and (3) If the challenge is invalid, the person shall be informed and advised of the right to appeal pursuant to RSA 541. (e) When a record has been corrected, the division shall notify all non-criminal justice agencies, to whom the data has been disseminated in the last year, of the correction. (f) The person shall be entitled to review the information that records the facts, dates, and results of each formal stage of the criminal justice process through which he passes, to ensure that all such steps are completely and accurately recorded.

**WARNING:** The Division of State Police is the Criminal Record Repository for the State of New Hampshire. The record you have received is based only on what has been reported to the Repository and may not be a complete Criminal History Record of the named individual.



To prevent a delay in processing, I have enclosed a self-addressed envelope.



Prepaid Acc't Number

A \$25.00 fee is required for each request. Make checks payable to: State of NH – Criminal Records.

**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: *(This portion must be filled out in order to be processed.)*

Employer Name: Sullivan County Transportation

Mailing Address: 6 Kinney Place

City/State/Zip: Claremont, NH 03743

Telephone: 603-542-9609

Fax: 603-542-6908

For Official Use Only

**Employee Information**

**PLEASE PRINT IN CLEAR BLOCK LETTERS**

*(If content is illegible, it will be stamped "Unable to Process" and returned.)*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

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

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

*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 \_\_\_\_ Social Security #: \_\_\_\_\_  
(Required) (Optional)

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

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_  
**(REQUIRED)**

**Fax to: (603) 271-6875 or Email [BEASStateRegistry@dhhs.state.nh.us](mailto:BEASStateRegistry@dhhs.state.nh.us)**

**Or Mail to: BEAS State Registry, Concord District Office, 40 Terrill Park Drive,  
Concord, NH 03301-3857**

**\*This record check pertains only to findings made on or after July 1, 2007 pursuant to RSA 161-F:49.**