

THE INSTITUTE OF PROFESSIONAL PRACTICE, INC.
P.O. BOX 2168
Concord, NH 03302-2168

Employment Application

A. General Information

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Position for which you are applying: _____

1. Have you ever been imprisoned, on probation, convicted and/or fined for any violation of any law?
Yes ___ No ___ (Please explain on page 4)
2. Have you ever been convicted of child or client abuse, neglect or mistreatment? Yes ___ No ___
3. Is there any incident of client abuse, neglect or mistreatment in your employment history? Yes ___ No ___
- 4a. Do you hold a valid driver's license? Yes ___ No ___
- 4b. Have you had a U.S. driver's license for at least 3 years? Yes ___ No ___
5. Do you have automobile liability insurance? Yes ___ No ___
6. Are you at least 18 years old? Yes ___ No ___
7. Do you have any prior association with IPP? Yes ___ No ___ If yes please explain:
- 8a. Are you a veteran? _____
- 8b. If yes, separation date: _____
9. Are any of your relatives employed by or receiving services from IPP? Yes ___ No ___
10. Have you ever released any confidential information without consent? Yes ___ No ___

B. Educational Information

Please circle the number corresponding to highest level of education completed:

Elem/High School	College	Graduate School
8 9 10 11 12	1 2 3 4 5	1 2 3 4

List in chronological order high school and colleges/universities attended:

Name of School	Address	Dates Attended	Major	Degree
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APPLICANT MUST BE 18 OR OLDER AND HAVE A VALID DRIVER'S LICENSE.

List certifications, licenses, applicable courses, etc.

C. Experience

Describe below all previous work experience (including unpaid experience) in reverse chronological order (starting with present or most recent).

Name of Firm _____ Summary of your duties

Address _____

Your job title _____

Supervisor _____

Employed from _____ to _____

Reason for leaving _____

May we contact this employer? Yes ___ No ___ Telephone #: _____

Name of Firm _____ Summary of your duties

Address _____

Your job title _____

Supervisor _____

Employed from _____ to _____

Reason for leaving _____

May we contact this employer? Yes ___ No ___ Telephone #: _____

Name of Firm _____

Summary of your duties

Address _____

Your job title _____

Supervisor _____

Employed from _____ to _____

Reason for leaving _____

May we contact this employer? Yes ___ No ___ Telephone #: _____

Name of Firm _____

Summary of your duties

Address _____

Your job title _____

Supervisor _____

Employed from _____ to _____

Reason for leaving _____

May we contact this employer? Yes ___ No ___ Telephone #: _____

Name of Firm _____

Summary of your duties

Address _____

Your job title _____

Supervisor _____

Employed from _____ to _____

Reason for leaving _____

May we contact this employer? Yes ___ No ___ Telephone #: _____

What are your career goals and how does this position fit in with your goals?

D. Statement

The following statement must be read and signed in order for your application to be considered.

I hereby certify that my application form and all attachments to it contain no false information and are complete to the best of my knowledge. I am aware that if an investigation discloses misrepresentation or falsification, my application may be rejected and I may be dismissed from my position with The Institute of Professional Practice, Inc.

Signature of Applicant

Date

E. Criminal and Driving Record

I hereby authorize The Institute of Professional Practice, Inc. to complete a criminal conviction record check and a driving record report.

Signature of Applicant

Date

Follow-up to Question #1, page 1: