



STATE OF NEW HAMPSHIRE
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 OFFICE OF THE COMMISSIONER
 BUREAU OF HUMAN RESOURCE MANAGEMENT

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 Interim Commissioner

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 Director

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DISCLOSURE OF APPLICANT INTEREST

Required for

CPSW, APSW, FSS, MHW or YC positions only

Please check the position that you are applying for:

- Adult Protection Social Worker (APSW)
- Child Protective Service Worker (CPSW)
- Family Services Specialist (FSS)
- Mental Health Worker (MHW)
- Youth Counselor (YC)

DISCLOSURE OF INTEREST: *Please confirm that you have viewed the Realistic Job Preview (RJP) by printing this form, checking the appropriate box, and signing below.*

- I have viewed the RJP for the position and wish to continue with the application process.
- I have viewed the RJP for a prior application and wish to continue with the application process.

X _____
 (Signature-please sign your name after printing)

 (Print Name)

 (Date)

Please Note

- This form must accompany your application in order to continue with the application process.
- This form must be printed to be signed.
- After signing, this form may be scanned and electronically attached when submitting your application electronically.