



Nicholas A. Toumpas
Commissioner

Mark Bussiere
Director

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

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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.**