



Thank you for picking up a RA Application!

Please complete all information, and answer all questions. Please return completed application to a RA or RD.

The RA Candidate process consists of 5 elements:

- 1. RA application with Cover Letter & Resume**
- 2. Mandatory completion of 1 out of 6 workshops (applicants choice)**
 - 3. RA group Interview**
- 4. Interview with Residence Directors (conditional acceptance)**
 - 5. Shadowing in Residence Halls**

Optional for applicants:

- 1. Attend a RA informational session**

Thank you again and good luck,

Residence Life RA Selection Committee



**Resident Assistant Application
2011-2012
NHTI – Concord's Community College
Office of Residential Life
(Please print application)**

Part I

Name: _____ ID# _____
(Last) (First) (M.I)

NHTI email: _____@students.ccsnh.edu. Phone #: _____
(# you can be easily contacted)

Hall: _____ Room: _____

Permanent address:

(Street)

(City) (State) (Zip Code)

Part II – Educational Data

Current Class status: First year student Second year student

Total number of semesters at NHTI: _____ Expected Graduation year: _____

Major: _____ Fall semester GPA: _____ Cumulative GPA: _____

Have you lived in any other residential dorms at NHTI? If yes, where? _____

How many semesters have you lived in a Residence hall? _____ Elsewhere? _____

Part III – Employment Experience

Please list any paid work experience.

Employer: _____ Address: _____

Job title: _____ Supervisor name: _____

Dates employed: From: _____ To: _____

May we contact? No Yes If so, please provide a phone number: _____

Employer _____ Address: _____

Job title: _____ Supervisor name: _____

Dates employed: From: _____ To: _____

May we contact? No Yes If so, please provide a phone number: _____

Employer _____ Address: _____

Job title: _____ Supervisor name: _____

Dates employed: From: _____ To: _____

May we contact? No Yes If so, please provide a phone number: _____

Are you currently employed? Yes No If yes, where? _____ Hrs. /week: _____

Part IV – Campus and Community Involvement

Please list below at least three organizations, clubs or athletic teams you have been a part of at NHTI.

1.

2.

3.

Part V – Disciplinary Record

Have you ever been found responsible for violating any policies at NHTI?

No Yes

If yes, please explain: _____

Part VI – Placement Preference

We are interested in placing you in a hall that you will succeed! However, if hired you will be placed in a position based on needs of the campus as determined by the Residence Life professional staff. We will try to place you by your preference. Please indicate below which hall you prefer by circling: very interested, interested, not interested.

North Hall:	Very Interested	Interested	Not Interested
Strout Hall:	Very Interested	Interested	Not Interested
South Hall:	Very Interested	Interested	Not Interested

Part VII – References

Please list the names, addresses and phone numbers of the two people you have asked to complete a reference form for you. One letter **must** be from a NHTI Professor. (Reference letters can be mailed separate from application, please label as: Attention: Nicole Roman). Please use the included reference templates.

Name:	Address:	Phone:
_____	_____	_____
_____	_____	_____

By signing below you are indicating you have read and understand the contents surrounding the Resident Assistant Contract. Please keep the contract for your records for future reference.

Applicant Signature: _____

- Complete the form, including your name and your association with the applicant. If you mark the “Other” category for association, **please specify your exact relationship**. For example, you may be the director of a program where the applicant served as a volunteer.
- Respond to questions about the applicant’s leadership experience and his/her qualifications over other applicants (on the second page of this form).
- If you would prefer to type your responses, or if you need more space, you may attach a separate sheet to the signed form. Please limit any attached response to a single page.
- Seal this form and recommendation in the envelope provided by the applicant, and sign your name across the seal of the envelope.
- You may return the sealed envelope containing your recommendation to the candidate so he/she can submit the materials to the College Housing in person, or you may mail the recommendation to the **RA Selection Committee Attn: Nicole Roman, 31 College Drive Concord, NH 03301**.

Recommendation –

Name of Recommender: _____

How long have you known applicant? _____

What is your association with the applicant? **(You may NOT be a family member, or fellow student or peer of the applicant)**

_____ Employer/Supervisor _____ Teacher/Professor _____ School Counselor _____ Coach

_____ Other (Please specify) _____

Please **rate** the applicant on a scale of one to five in each area, with **five as the highest** rating and **one as the lowest**. **N/A indicates that you have no basis for making a judgment:**

<p>Ability to work with others N/A 1 2 3 4 5 Cooperates as a team player N/A 1 2 3 4 5 Communicates effectively N/A 1 2 3 4 5 Willing to learn and receive direction situations appropriately</p> <p>Leadership and administrative ability N/A 1 2 3 4 5 Motivates others positively N/A 1 2 3 4 5 Handles sensitive/difficult situations appropriately N/A 1 2 3 4 5 Finds creative solutions to problems quickly</p> <p>Initiative and motivation N/A 1 2 3 4 5 Takes initiative to do more than asked N/A 1 2 3 4 5 Works well without constant supervision</p>	<p>Emotional stability and maturity N/A 1 2 3 4 5 Receives direction and counsel maturely N/A 1 2 3 4 5 Handles prolonged stress and high energy situations/environments</p> <p>Time management N/A 1 2 3 4 5 Prioritizes responsibilities/assignments effectively N/A 1 2 3 4 5 Organizes time productively</p> <p>Values N/A 1 2 3 4 5 Judgment N/A 1 2 3 4 5 Honesty</p>
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Instructor Recommendation – This form is developed for, and is to be used solely by, the members of NHTI.

Applicant Information

Name: _____ ID# _____
(Last) (First) (M.I)

Confidentiality statement (applicant signature required):

I agree that all letters of recommendation may be maintained as confidential University records. Under the provision of the Family and Educational Rights Privacy Act:

- I have **RETAINED** my right of access to this reference
- I have **WAIVED** my right of access to this reference.

Applicant Signature _____ Date _____

The members of RA Selection Committee are interested in your perspectives about the applicant’s personal and academic capabilities for success in college. The information you provide will assist with choosing applicants for RA acceptance. We are grateful for your time and assistance.

Instructor Information

Name: _____ Position: _____

Instructor’s phone: _____ Instructor’s email: _____

Background Information

For how long have you known this applicant and in what capacity?

Briefly describe your overall impression of this applicant.

List the courses you taught this applicant.

Applicant Ratings

Please rate this applicant compared to other college-bound students in his or her class.
(Key: BA – below average, A – average, G – good, vg – very good, e – excellent, o – outstanding).

Academic	No ability to judge	BA	A	G	VG	E	O
Academic Success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creative Qualities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Character/personality traits

Respect for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership/Influence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character and Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for Growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Instructor _____ Date _____

**Resident Assistant Contract
NHTI**

Name: N/A – Signature required on application.

Hall: N/A

Room: N/A

Please indicate your acceptance of this one-academic-year appointment as a resident assistant after reading the following:

I understand that:

1. My appointment is for the period of September **2011** through December **2011** when NHTI is in session.
2. My immediate supervisor is the Residence Director. The Associate Director, Residence Director and the Resident Assistants are responsible to the Director of Residence Life and to the Vice President for Student Affairs.
3. I will actively participate in all Resident Assistant training, meetings and in-service sessions.
4. I will fulfill all assigned duty hours.
5. I will support residence hall programs and activities including sponsoring required programs.
6. I will be a positive role model, friend and peer counselor to students.
7. I will report infractions of NHTI rules or regulations.
8. I will not accept other employment or engage in campus activities that might interfere with duties as a Resident Assistant without the permission of the Residence Director and the Director of Residence Life. If other employment is approved it will not exceed 20 hours per week.
9. I will need to be available to open and close the residence halls during all breaks.
10. I must maintain a grade point average of at least a 2.5 and be a full-time student in my program of study.
11. Employment may be terminated, if the best interests of NHTI and /or myself, are not being served.

12. I understand that NHTI is not responsible for damage to personal belongings.
13. I am responsible for all duties as listed in the Resident Assistant Handbook and other duties as assigned.

In return for the services listed above, the Institute agrees to provide me with full room and board during the time of my appointment.

Trish Godino
Director of Residence Life

Steve Caccia
Vice President for Student Affairs

ACCEPTANCE:

I have read and agree to the conditions stated above for the position of Resident Assistant at NHTI.

Signature: _____ Date: _____
Student I.D. #: _____

**DO NOT SIGN THIS FORM.
FOR YOUR RECORDS ONLY!**