



STATE OF NEW HAMPSHIRE

DEPARTMENT OF LABOR

PO BOX 2076
CONCORD, NH 03302-2076
FAX (603) 271-2668
InspectionDiv@dol.nh.gov

APPLICATION FOR PRE-SCREENING OF SCHOOL TO WORK

School _____

School Coordinator _____

Telephone _____

FAX _____

E-Mail _____

TO BE COMPLETED BY THE BUSINESS PARTNER

The Department of Labor will review this request and notify the school district and employer of the status of the application when the review is complete. If an application is rejected, the notice will include the reason for rejection. The organization’s compliance with regulated safety requirements, loss history and labor violations will be considered. If the business named has any questions or concerns, they should contact Department of Labor at (603) 271-0127.

Business Name: Mid-State Health Federal ID Number: 02-0487172

Address: 101 Boulder Point Drive

City/Town: Plymouth, NH Zip code: 03264

Number of Employees: 202

Contact Name: Sydney Stevens

Telephone #: 603-536-4000 X 1812

Email Address: sstevens@midstatehealth.org

DOL AUTHORIZATION: Yes No

Reason for rejection: _____

DOL authorized signature: _____

Date: _____