

APPLICATION FOR EMPLOYMENT

Personal

please print clearly

Last Name _____ First Name _____ Middle _____

Street Address _____ Home Phone _____

City / State _____ Zip _____ Alternate Phone _____

Have you ever applied for employment with us? Yes No If yes, Month and Year _____ Location _____

Position Desired _____ Pay Expected _____ Soc. Sec. No. _____

Do you prefer working with Children Adults Both Date available to begin work _____

Available to work Full-time Part-time Substitute - What hours can you work? _____

What certifications, license, special training or skills have you acquired? _____

How did you learn of springbrook? Friend Radio Employee Walk-in Newspaper (Name: _____)

Do you have any relatives that currently work at Springbrook? Yes No If yes, who? _____

Employment / Military References

Please give accurate information regarding work experience . Start with present or most recent employer.

1. Company Name _____ Telephone _____

Address _____ Supervisor's Name _____

Job Title and brief description of duties _____

Employed (Month & Year) from _____ to _____

Rate of Pay _____ Hours worked per week _____ Reason for Leaving _____

2. Company Name _____ Telephone _____

Address _____ Supervisor's Name _____

Job Title and brief description of duties _____

Employed (Month & Year) from _____ to _____

Rate of Pay _____ Hours worked per week _____ Reason for Leaving _____

3. Company Name _____ Telephone _____

Address _____ Supervisor's Name _____

Job Title and brief description of duties _____

Employed (Month & Year) from _____ to _____

Rate of Pay _____ Hours worked per week _____ Reason for Leaving _____

• We will contact above references unless you indicate otherwise

Do Not Contact: Reference _____ Reason _____

Please provide two personal references below. The persons listed cannot be related to the applicant.

Name _____ Telephone _____

Address _____ How do you know this person? _____

Name _____ Telephone _____

Address _____ How do you know this person? _____

Education

Name and Location of High School _____

Course of Study _____ Number of Years Completed _____ Did you graduate? _____ Degree or Diploma _____

Name and Location of College _____

Course of Study _____ Number of Years Completed _____ Did you graduate? _____ Degree or Diploma _____

Additional Education-Name and Location _____

Course of Study _____ Number of Years Completed _____ Did you graduate? _____ Degree or Diploma _____

Other

Membership in professional or civic organizations. (Exclude those which may disclose your race, color, religion, national origin, citizenship status, sexual orientation, marital status, disability or sex.) _____

Are you 18 years of age or older? Yes No If not, your employment is subject to verification of minimum legal age.

Have you ever been bonded? Yes No If yes, with what employer? _____

Have you ever been convicted of a crime in New York State or elsewhere? Yes No If yes, provide details _____

Are there any pending criminal charges against you? Yes No If yes, provide details _____

Under Article 23-A, Section 754 of the Correction Law, your application will not be summarily rejected because of a conviction record. Mitigating circumstances will be investigated. If not employed, you may request a written explanation detailing the reasons for the decision.

Do you possess a current NY driver's license? Yes No License Number _____ Expiration Date _____

List convictions for moving violations in the last three years None List _____

List suspensions, revocations, or other occurrences resulting in harm to anyone or property? None List _____

Springbrook is an equal opportunity employer, and selects the best matched individual for the job based upon job related qualifications, regardless of race, color, creed, sex, citizenship status, national origin, age, marital status, sexual orientation, physical handicap/disability, previous receipt of services for mental disabilities or other protected groups under state, federal or local Equal Opportunity Laws.

I certify, to the best of my knowledge and belief, that the information given by me in this application is true, accurate, and complete. As a condition of employment, I understand that I will be subject to a criminal background check. I understand that if I am employed and if any statement herein is not true or if my references or criminal background check are not satisfactory to my employer, I may be released immediately. If I am released for either of these reasons, I will be paid only through the day of release. If I am employed, I further understand and agree that when my employment is terminated by retirement or otherwise, I must return all of the employer's property in my custody, including keys, manuals, other materials, before I am entitled to final payment of any accounts due me on separation.

Date _____ Signature _____

SPRINGBROOK

2705 ST HWY 28 • ONEONTA, NY 13820-9753 • TELEPHONE 607-286-7171 • FAX 607 286-7166
PATRICIA E. KENNEDY, EXECUTIVE DIRECTOR

Voluntary Waiver for Release of Records

I, _____, am applying for a position of employment with Springbrook, Inc. at 2705 County Highway 28, Oneonta, NY 13820.

Employment

I hereby authorize any former employer to release any records of employment that would be relevant to my employment. This includes but is not limited to performance evaluations, attendance records, and any termination reports.

Personal

I also authorize those individuals noted in my personal reference to provide information that may be relevant to my employment at Springbrook, Inc.

Education

I also authorize any educational institution to release records indicating my grade point average for all classes completed while in attendance. In addition, I authorize the release of records indicating that I have satisfactorily completed all requirements and have received a degree from the institution to Springbrook, Inc.

.....

I hold harmless any individual, corporation, firm or educational institution from any liability for providing information to Springbrook, Inc. pursuant to this authorization.

I understand that any records furnished following this authorization will be used by Springbrook, Inc. solely for the evaluation of my qualifications for employment. I have executed this authorization voluntarily.

Applicant's Signature _____

Date _____

springbrook

2705 STATE HIGHWAY 28 • ONEONTA, NY 13820-9753 • TELEPHONE 607-286-7171
• FAX 607 286-7166

PATRICIA E. KENNEDY
EXECUTIVE DIRECTOR

Name: _____ Date: _____

Springbrook welcomes your interest. In order to facilitate your application, as well as match your needs accordingly, please answer the following questions.

1. Springbrook operates our programs at various locations throughout Otsego and Chenango County areas. Do you have a preference as to the location of your potential job site? Yes No

If so, please indicate your preference below. (If you have more than one preference, please number with 1 being your first choice).

_____ Milford Center (Main Campus) ***

_____ Oneonta*

_____ West Oneonta *

_____ Milford *

_____ Worcester *

_____ Cooperstown *

_____ Morris *

_____ Otego *

_____ Earlville*

_____ Norwich*

_____ Sherburne*

* programs for adults **programs for children

2. Are you interested in full time, part time or substitute work? _____. If full time is not available, are you interested in working part time? Yes No

Schedules vary by location with a very limited number of weekday openings available. Please indicate your preference below by number with 1 being your first choice.

_____ Evenings (1 - 11p*)

_____ Nights (11p - 9a)

_____ Mornings (6a - 10a*)

* These are just examples of schedules within springbrook; exact shift may vary according to location.

Most of our positions cover weekend shifts. Are there any days you would prefer over others?

3. Briefly, explain why you are interested in working at springbrook.