

*Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, handicap, veteran status, or any other condition prescribed by state or local law.*

*Applicant, please be sure to complete the applications and inserts in full.*

**Attention: Incomplete Applications will not be considered for employment.**

<b>Personal &amp; General Information</b>	<b>Last Name</b>		<b>First</b>		<b>Middle</b>		<b>Maiden Name</b>		
	Position Applied For:							Today's Date	
	Street Address							Social Security Number	
	City, State Zip							Home Telephone Number	
	Emergency Contact Person – Name & Telephone							Business Telephone Number	
	Are you over 21 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		Can you perform the essential functions of the position for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No				Cell Phone or Pager		
	Have you been convicted of a crime or violation other than a minor traffic violation? (A conviction will not necessarily result in denial of employment) <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please explain)								
	Employment Status Desired: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/> PRN			When would you be available to work?			How did you hear about this job / facility?		
	Days & Hours Available: (If employed, I will notify my supervisor in writing, should my availability change.)								
	<b>Day</b>	<b>Sunday</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	
<b>From:</b>									
<b>To:</b>									
Have you ever worked for this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, when)					Have you ever applied with this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, when)				
Are you related to anyone presently working at SpringBrook? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please provide name & relation)									

<b>Education</b>	<b>School</b>	<b>Name &amp; Location</b>	<b>Course of study</b>	<b># of years completed</b>	<b>Did you graduate?</b>	<b>Degree or Diploma</b>
	GED				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business/ Tech				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Undergraduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Certificates				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Certificates				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Licenses				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Licenses				<input type="checkbox"/> Yes <input type="checkbox"/> No	

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Please give accurate, complete full-time &amp; part-time employment record. Start with present or most recent employer. Explain any gaps in employment on a separate sheet of paper.

**Applicant Name:**

<b>1) Company Name:</b>	Company Address – Street/PO Box	City	State	Zip
May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Hourly Pay Start	Last	Employed – month & year From	To
Company Telephone Number	Describe your duties			
Job Title	Reason for leaving & explanation			

<b>2) Company Name:</b>	Company Address – Street/PO Box	City	State	Zip
May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Hourly Pay Start	Last	Employed – month & year From	To
Company Telephone Number	Describe your duties			
Job Title	Reason for leaving & explanation			

<b>3) Company Name:</b>	Company Address – Street/PO Box	City	State	Zip
May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Hourly Pay Start	Last	Employed – month & year From	To
Company Telephone Number	Describe your duties			
Job Title	Reason for leaving & explanation			

<b>4) Company Name:</b>	Company Address – Street/PO Box	City	State	Zip
May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Hourly Pay Start	Last	Employed – month & year From	To
Company Telephone Number	Describe your duties			
Job Title	Reason for leaving & explanation			

**Personal References – Persons not related to you or listed above**

Name	Address	Phone Number
Name	Address	Phone Number
Name	Address	Phone Number

<b>Military</b>	Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what branch?
Location	Dates Enlisted: From To	Rank at Discharge:
Nature of duties & special training received	Type of discharge:	Member of Active Reserve: <input type="checkbox"/> Yes <input type="checkbox"/> No

**Applicant Name:**

I hereby certify that all of the information provided by me in this application (and any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that falsification, misrepresentation or omission of any facts in said documents may be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that should an offer of employment be extended by SpringBrook, that such employment with SpringBrook is at will, for no specified duration and may be terminated by either SpringBrook or me at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of SpringBrook or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of SpringBrook, except the CEO, has authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the CEO.

In consideration for employment with SpringBrook, if employed, I agree to conform to the rules, regulations, policies, and procedures of SpringBrook at all times and understand that such obedience is a condition of employment.

I understand that if offered a position with SpringBrook, I will be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment, and I agree to such future examination as may be required by SpringBrook. I understand those unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks may result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to SpringBrook and/or any of its representatives, agents or vendors, and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for three months. If I wish to be considered for employment after this period, I must fill out and submit a new application.

**BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD  
AND AGREE TO THE ABOVE STATEMENTS.**

Position Applied For: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Other Last Name Known By: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City, State Zip Code

\_\_\_\_\_ **Date**

\_\_\_\_\_ **Signature**

# Human Resources Processing

*Employer's Use Only*

Position Title Offered:	<input type="checkbox"/> Date Offer Made: _____
<input type="checkbox"/> Left Message: _____ <input type="checkbox"/> Left Message: _____ <input type="checkbox"/> Left Message: _____	Additional Comments:
Applicant Accept Offer: <input type="checkbox"/> Yes <input type="checkbox"/> No	Shift/Work Hours:
Salary Offered:	Shift Diff: <input type="checkbox"/> Yes <input type="checkbox"/> No 2 <sup>nd</sup> _____ 3 <sup>rd</sup> _____ Wke1 _____ Wke2 _____ Wke3 _____
Status: <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> PRN	Classification: <input type="checkbox"/> Non-Exempt <input type="checkbox"/> Exempt
Department:	Supervisor:
Orientation Date:	Had Physical? <input type="checkbox"/> Yes <input type="checkbox"/> No
CPR Needs <input type="checkbox"/> Current <input type="checkbox"/> PPD Needs <input type="checkbox"/> Will bring Copy <input type="checkbox"/>	Notes: