

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.

Personal & General Information	Last Name		First		Middle		Maiden Name		
	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.)								
	Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
From:									
To:									
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)									

Education	School	Name & Location	Course of study	# of years completed	Did you graduate?	Degree or Diploma
	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	

Employment Application**Page 2**

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

Desired Salary:

1) Company Name:	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			

2) Company Name:	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			

3) Company Name:	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			

4) Company Name:	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

Military	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 nd _____ 3 rd _____ 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:

South Carolina Department of Social Services
CONSENT TO RELEASE INFORMATION

My signature below serves as my consent to authorize the South Carolina Department of Social Services, Division of Human Services, to conduct a search of the Child Abuse and Neglect Central Registry on myself and release the information to the individual/organization listed below. I also understand that all information provided on this form will be released to the individual/organization listed below. I understand that the information may prove unfavorable to me. I agree to hold the South Carolina Department of Social Services and its staff harmless from liability associated with the release of information I have requested using this form. If it appears to me that the information in the Registry has not been updated or appears inaccurate, I will notify the Department immediately.

This consent is effective for a one time search of the Central Registry for the purpose of: Employment.

Mail Results To: SpringBrook Behavioral Human Resources

One Havenwood Lane
Travelers Rest, SC 29690

Central Registry Check Fee: (Check one and attach appropriate payment by check or money order.)

- | | | | |
|---|---------|--|--------|
| <input type="checkbox"/> Non-Profit Entities | \$8.00 | <input type="checkbox"/> Schools | \$8.00 |
| <input checked="" type="checkbox"/> For-Profit Entities | \$25.00 | <input type="checkbox"/> Child Day Care | \$8.00 |
| <input type="checkbox"/> State Agencies | \$8.00 | <input type="checkbox"/> Other (Individuals, all others not named above) | \$8.00 |

Please Print or Type: (Complete spelling of name required, first, middle and last – **no initials.**)

Name: _____ DOB: _____ Sex: _____ Race: _____

Maiden/Former Name: _____ Name Change: _____

Place of Birth: _____ SSN: _____

Current Address: _____ Previous Address: _____

This form MUST be witnessed (may be notarized). Submit appropriate payment and form for processing to:
South Carolina Department of Social Services, Attention: Cashier, P.O. Box 1520, Columbia, South Carolina 29202-1520;
Telephone (803) 898-7318.

Signature of Applicant Date

Signature of Notary or Witness Date

RESULTS OF SEARCH OF THE CHILD ABUSE AND NEGLECT CENTRAL REGISTRY

(This section to be completed by an authorized DSS employee only – Division of Human Services.)

- The name is not listed as a perpetrator in the Child Abuse and Neglect Central Registry.
- The name is listed as a perpetrator in the Child Abuse and Neglect Central Registry. According to state law, being named as a perpetrator prohibits an individual from being a guardian ad litem, member of the Foster Care Review Board, licensed foster parent or operating or working in a child day care facility or being employed, operating or volunteering in a residential child care facility. Further, being named as a perpetrator may affect an individual's capacity to adopt a child.
- Your request has been received. Please allow an additional 30 to 60 days to process your inquiry.
- Other – See attached correspondence.

Authorized DSS Employee Date

INSTRUCTIONS FOR DSS FORM 3072

Purpose:

Provides authorization for the Department of Social Services to conduct a search of the State Central Registry of Child Abuse and Neglect and release the results. State law provides that in order to serve on the Foster Care Review Board, be a guardian ad litem, be licensed as a foster parent or operate or work in a day care facility or be employed, operate or volunteer in a residential child care facility, a State Central Registry of Child Abuse and Neglect search must be conducted.

Note:

An amendment to the South Carolina Code of Laws affects the status of individuals named as perpetrators in the State Central Registry of Child Abuse and Neglect. Effective July 2002, a name legally listed on the Central Registry will remain indefinitely.

Specific Instructions for Applicant/Organization Submitting Form:

Please ensure that you type or stamp the return address on this form. Check appropriate fee box and submit payment with form to: South Carolina Department of Social Services, Attention: Cashier, P.O. Box 1520, Columbia, South Carolina 29202-1520.

Specific Instructions for Applicant: (Print or Type)

All the information requested on this form is necessary in order to conduct a thorough search.

1. Purpose of Search: Fill in whether screening is for employment, to be become a foster parent, volunteer, etc.
2. Name: Provide complete spelling of name to include the first, middle and last name. No initials.
3. Name Change: List name you are changing to. Item number 2 must be completed also.
4. Date of Birth, Sex, Race, Social Security Number: Self-explanatory.
5. Place of Birth: Provide the name of the state you were born in.
6. Current Address: Your current residence.
7. Previous Address: List other addresses, states, countries you have resided in for the past seven years.
8. Signature of Applicant: Original signature of the individual requesting to have their name searched.
9. Signature of Witness or Notary: To witness the signature of the applicant.

This form must be signed by the applicant and witnessed (may be notarized) prior to submitting for processing.

Specific Instructions for Authorized DSS Employee:

After receipt by cashier and processing of payment, the Central Registry check will be completed by authorized DSS personnel in the Division of Human Services.

1. Check appropriate box.
2. Sign, date, stamp confidential on envelope and mail to return address.

Distribution:

Results of the search will be sent to the individual or organization specified on the form.

AUTHORIZATION FOR BACKGROUND CHECKS

After carefully reading this Background Check Disclosure and Authorization form, I authorize the Company to order my background report, including investigative consumer reports. I understand that the Company may rely on this authorization to order additional background reports, including investigative consumer reports, during my employment without asking me for my authorization again as allowed by law.

I also authorize the following agencies and entities to disclose to ADP Screening and Selection Services and its agents all information about or concerning me, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. The information that can be disclosed to ADP Screening and Selection Services and its agents includes, but is not limited to, information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses and substance abuse testing.

I agree the Company may rely on this authorization to order background reports, including investigative consumer reports, from companies other than ADP Screening and Selection Services without asking me for my authorization again as allowed by law. I also agree that a copy of this form is valid like the signed original. I certify that all of my personal information on this form is *true and correct* and understand that dishonesty will disqualify me from consideration for employment with the Company, or if I am hired or already work for the Company, that my employment may be terminated.

Last Name _____ First _____ Middle _____

Maiden/Other Names _____ Years Used _____

Social Security Number _____

Driver's License Number _____ State _____

FOR IDENTIFICATION PURPOSES ONLY: Date of Birth ____/____/____ (Month/Day/Year)

Addresses Within The Past Seven Years (use a separate sheet as needed)

Present Street Address _____

City/State/ZIP _____

Prior Street Address _____

From ____/____/____ (Month/Day/Year) To ____/____/____ (Month/Day/Year)

City/State/ZIP _____

<p>Signature _____</p>	<p>Date: ____/____/____ (Month/Day/Year)</p>
<p>If you live or work for the Company in California, Minnesota or Oklahoma: Check this box if you would like a free copy of your background check report: <input type="checkbox"/></p>	

**Human Resources
SpringBrook Behavioral Health System
One Havenwood Lane
Travelers Rest, SC 29690**