



Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () _____ E-mail Address: _____

Date Available: _____ Social Security No.: _____ Desired Salary: _____

How Best to Reach You: Time: _____ Location: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for S.B.H.? YES NO If yes, when?

The following question indicates the information is required by our malpractice insurance company, or is dictated by national security laws, or is needed for other legally permissible reasons.

Have you ever been convicted of a misdemeanor or felony including sex or child abuse related offenses? YES NO If yes, please explain:

Do you have a valid NYS Drivers License? YES NO

Education

High School: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

Graduate School: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

Licenses: _____

Professional References

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____ Email: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____ Email: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____ Email: _____

Previous Employment

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If Other Than Honorable, Explain: _____

DISCLAIMER and SIGNATURE

Authorization:

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by S.B.H. I understand that filling out this form does not indicate there is a position open and does not obligate S.B.H. to hire. I agree to abide by all S.B.H. rules, policies and procedures. S.B.H. retains the right to revise its policies or procedures in whole or in part at any time.

I understand that any employment is conditioned on a background check. I authorize S.B.H. to thoroughly investigate my criminal and/or financial background, all statements contained on my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to S.B.H., without giving prior notice of such disclosure. In addition, I release S.B.H., any former employers, and all references listed above from any and all claims, demands or liabilities arising out of or related to investigation or disclosure. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by S.B.H. and as permitted by law. I consent to such examinations or drug tests and I request the examining physician disclose to S.B.H. the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment will require that I abide by the Personnel Policies of S.B.H.

Signature

Date

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on the basis of: race, color, age, sex, religion, or sexual orientation. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.