



the heart of recovery

133 Polk Lane
P.O. Box 5055
Seabrook, New Jersey
08302-5905
856.455.7575

APPLICATION FOR EMPLOYMENT



VISION

To make recovery possible for every family who needs it.

MISSION

Seabrook is committed to providing exceptional addiction treatment through the healing of the body, mind and spirit. We encourage all patients to restore their lives by embracing a way of life based upon the 12 Step principles of recovery.

Seabrook believes that all persons are entitled to equal employment opportunity and does not discriminate against its employees or applicants because of race, color, religion, sex, pregnancy, national origin, ancestry, age, marital status, physical handicap, medical condition, or physical or mental disabilities. We further affirm that we will provide reasonable accommodation to the known physical or mental limitations of an otherwise handicapped or disabled applicant.

To ensure the safety of our employees and patients, Seabrook conducts criminal background checks, drug screening and reference checks on all applicants.

How did you first hear about job opportunities at Seabrook? (Please Check)

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Internet | <input type="checkbox"/> Seabrook Web Site Job | <input type="checkbox"/> Employee Referral _____ |
| <input type="checkbox"/> Newspaper Ad | <input type="checkbox"/> Fair | <input type="checkbox"/> Other _____ |

NAME: _____ / ____ / ____
Last First Middle Date

POSITION APPLYING FOR: _____

This form must be completed legibly in its entirety.

PERSONAL

Address: Street		City	State	Zip
Yr.	Mo.	()	()	
How Long at Residence		Home Phone #	Cell #	
Social Security #		Email Address:		
Emergency Contact: Name		Phone #:	Relationship	
Are you 18 years or older?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have a legal right to work in the U.S.?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever worked for Seabrook before?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, from (mm/dd/yy) _____ to _____ Reason for leaving Seabrook _____				
Have you ever applied for employment at Seabrook before?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, when _____				
Do you have any relatives or friends who are or were previously employed by Seabrook?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Please give names: _____				
Have you ever been discharged from any position?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please explain: _____				

AVAILABILITY

Date available to begin work	____/____/____	Expected Salary: \$	_____
Days	<input type="checkbox"/> Yes <input type="checkbox"/> No	Weekdays	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weekends	<input type="checkbox"/> Yes <input type="checkbox"/> No	3 rd Shift	<input type="checkbox"/> Yes <input type="checkbox"/> No
Evenings	<input type="checkbox"/> Yes <input type="checkbox"/> No	Holidays	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total Hours Available: _____			
Approximately how many miles/minutes do you live from this location? _____			
Do you have reliable transportation to and from work?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a valid Driver's License? License # _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
What is the best time to call to schedule an interview? (Check all that apply)			
<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening			
Are you willing to relocate?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

EDUCATION

Skills and Education. Circle Highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12					GED Yes No		College 1 2 3 4		Graduate 1 2 3 4	
Include only technical, military, professional, college or university schools	Location		From Mo. Yr.	To Mo. Yr.	No. of Units Completed	Degree or Diploma	Scholastic Average	Major		
Are you attending school now?		Yes No	Where?		What Hours?		Course of Study?			

PROFESSIONAL LICENSE (Professional and technical applicants only)

Professional License No.	Type of License	State	Exp. Date

SKILLS INVENTORY

Place an X in the boxes to indicate experience in the following:

<input type="checkbox"/> Lecturing	<input type="checkbox"/> Public Speaking
<input type="checkbox"/> Individual Counseling	<input type="checkbox"/> Psychiatric Unit
<input type="checkbox"/> Group Counseling	<input type="checkbox"/> Education/Training Background
<input type="checkbox"/> Case Management	<input type="checkbox"/> Outpatient Chemical Dependence Experience
<input type="checkbox"/> Clinical Documentation	<input type="checkbox"/> Inpatient Chemical Dependency Experience
<input type="checkbox"/> Family Systems	<input type="checkbox"/> Verbal/Written Communication
<input type="checkbox"/> Dual Diagnosis	<input type="checkbox"/> Knowledge of 12-Step Programs
<input type="checkbox"/> Medical Background	<input type="checkbox"/> Machinery/Equipment Operation
<input type="checkbox"/> Age Specific Counseling: Please Explain _____	<input type="checkbox"/> Other _____

Are you certified in CPR/BLS? Yes No Application in Progress
 If yes, expiration date _____

Are you a Certified Alcohol and Drug Counselor (CADC)? Yes No Application in Progress
 Is yes, expiration date _____

Do you hold any other certifications? Yes No Application in Progress
 Is yes, in what? _____ expiration date _____

COMPUTER SKILLS

Do you have experience in the use of personal computers? Yes No

Place an X in the boxes to indicate experience in the following:

<input type="checkbox"/> M/S Word	<input type="checkbox"/> E-Mail
<input type="checkbox"/> M/S Excel	<input type="checkbox"/> Calendar/Scheduler
<input type="checkbox"/> M/S Access	<input type="checkbox"/> Clinical Documentation
<input type="checkbox"/> M/S Power Point	
<input type="checkbox"/> other – Please explain: _____	

EMPLOYMENT

Complete employment record as fully as possible, starting with your present or latest employer. Include summer employment and any military service. For any unemployment or self-employed period, show dates and locations.

If you are presently working, may we contact your employer? [] Yes [] No

1.]

Company Name	Street Address	City	State	Zip
			\$	\$
Starting date	Ending date	Starting base salary	Ending base salary	
Position held				
Immediate Supervisor Name/Title		Reason for leaving		

2.]

Company Name	Street Address	City	State	Zip
			\$	\$
Starting date	Ending date	Starting base salary	Ending base salary	
Position held				
Immediate Supervisor Name/Title		Reason for leaving		

3.]

Company Name	Street Address	City	State	Zip
			\$	\$
Starting date	Ending date	Starting base salary	Ending base salary	
Position held				
Immediate Supervisor Name/Title		Reason for leaving		

PERSONAL/PROFESSIONAL REFERENCES: (Please do not list relatives)

Name and Occupation	Address, City, State, Zip	Phone Number
Name and Occupation	Address, City, State, Zip	Phone Number
Name and Occupation	Address, City, State, Zip	Phone Number

QUESTIONNAIRE

Please answer the following questions:

What do you know about Seabrook and what led you to apply here?

What are your career aspirations and how might working at Seabrook align with your goals?

Describe your understanding of chemical dependency and 12-Step programs.

What can you offer to Seabrook that another candidate could not?

APPLICANT PLEASE READ THE STATEMENT BELOW AND SIGN

TERMS AND CONDITIONS

Seabrook is an equal opportunity employer, and selects the best matched individual for the job, based upon job related qualifications, regardless of race, color, sex, national origin, age, handicapped status, sexual orientation or other protected groups under State, Federal or Local Equal Opportunity Laws.

I understand and agree that:

- 1. Any material misrepresentation or deliberate omission of a fact in my application for employment may be justification for, or refusal of, or if employed, termination from, employment. _____
Initial
- 2. It is my understanding that Seabrook, Inc. will make a thorough investigation of my entire work history and may verify all data given in my application for employment related papers or oral interviews. I authorize such investigation, and the giving and receiving of any such information, I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal. _____
Initial
- 3. If employed, or if requested, I agree to submit to a search of my person or of any locker that may be assigned to me, and I hereby waive all claims for damage on account of such examination. _____
Initial
- 4. I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of a job I am being considered for prior to employment, or in the future during my employment with Seabrook Inc., and understand that after my offer of employment has been made, Seabrook will schedule a Urine Drug Screen, and a physical to be conducted according to their procedures. _____
Initial
- 5. Although management makes every effort to accommodate individuals preferences, business needs may, at times make the following conditions necessary: overtime, shift work, a rotating schedule or work schedule other than Monday through Friday, and assignments to other locations operated by Seabrook. I understand, and if employed, will accept these conditions of my continued employment. _____
Initial
- 6. Seabrook Inc., retains the right to hire and fire or terminate at will, anyone that is employed; and Seabrook House can change wages, benefits and conditions of employment at any time. _____
Initial
- 7. I further understand that this is an application for employment, and that no employment contract is being offered, and if employed, that such employment is for no definite period of time, and that Seabrook Inc., can change conditions of employment, wages, benefits and conditions at any time. _____
Initial

Release

I give Seabrook the right to contact and obtain information from all references, employers, educational institutions, and verification of credentials, queries to the National Practitioners Data Bank, and criminal background checks verify the accuracy of the information contained in this application. I hereby release from liability Seabrook and its representatives for seeking, gathering and using such information and all other persons, corporations, or organizations for furnishing such information. _____
Initial

Consent

I have been advised that Seabrook has a policy against the use, possession, sale, or distribution of illegal drugs by its employees. The use of alcohol is not permitted on Seabrook premises. I also have been advised that Seabrook has adopted a drug testing program for all applicants who accept an offer of employment. I hereby consent to a Urine Drug Screen for the purpose of detecting any drug use. Further, I give my consent to the release of the test results from the lab to Seabrook in its assessment of my employment eligibility. I have been advised that the results will remain confidential and will be used only for the purpose of determining my eligibility for employment. _____
Initial

I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE:

Signature

Date

*** Seabrook Inc. is an equal opportunity employer. The Civil Rights Acts of 1964 and 1991, the American with Disabilities Act and State Local laws prohibit discrimination on the basis or race, color, religion, sex, national origin, or disability. In addition, the Age Discrimination in Employment Act of 1978 and some State and Local laws prohibit discrimination on the basis of age with respect to individuals who are at least 40 years of age but not less than 65 years of age. It is our policy to comply fully with these acts and information requested on this application will not be used for any purpose prohibited by law.

Disclosure to Employment Applicant Regarding Procurement of A Consumer Report And Release Authorization

APPLICANT COMPLETE THE FOLLOWING

- I. In connection with my application for employment, I understand that a consumer report or an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons or termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: workers' compensation injuries, driving record, court record, education, credentials, credit, and references after initial interview.
- If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.
- II. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be notified and given the name and address of the agency or the source which provided the information.
- III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.
- IV. Minnesota, Oklahoma and California applicants only. If you want a copy of the reports(s) ordered, Check this box . The report(s) will be sent by the reporting agency to you at the address below. The reports will be processed by: **CSS, Inc., 20 E. Clementon Rd, Suite 201-S, Gibbsboro, NJ 08026, 856-344-7000**
- V. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by **Seabrook** or its agent, to furnish the information described in Section 1.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

Please print your full name	LAST	FIRST	MIDDLE
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Please print other names you have used

Home Address

City	State	Zip Code
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Social Security Number	Date of Birth	Gender
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Drivers License Number	State Issuing License
------------------------	-----------------------

Name as it appears on license

Signature	Today's Date
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VOLUNTARY SELF-IDENTIFICATION

The Equal Employment Opportunity Commission (EEOC) requires organizations with 100 or more employees to complete an EEO-1 report each year. The EEOC has recently announced several changes to the job categories and rearranged its race and ethnicity groupings. Therefore, we are asking applicants to complete a new voluntary self-identification sheet below so that we can properly update our records according to these new report requirements.

Completion of this data is voluntary and will not affect your opportunity for employment or terms or conditions of employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records.

Name: _____

Position Applied For: _____

GENDER: (Please check one of the options below)

_____ **Male**

_____ **Female**

RACE/ETHNICITY: (Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

_____ **Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

_____ **White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

_____ **Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.

_____ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Island.

_____ **Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

_____ **American Indian or Alaska Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North and south America (including Central America) and who maintain tribal affiliation or community attachment.

_____ **Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above six races.

Date Completed: _____

PLEASE RETURN FORM TO HUMAN RESOURCES.

Thank you for your participation.

STOP HERE. DO NOT WRITE BELOW.

COMPANY MANAGER USE ONLY

FIRST INTERVIEW Date Application Received _____ Date Applicant was Contacted _____ Date of First Interview _____ Interviewer _____
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SECOND INTERVIEW Date _____ Interviewer _____ Date Notified _____ Outcome _____

THE MANAGERS MUST COMPLETE THIS INFORMATION IN ORDER FOR THE NEW HIRE TO START.

Start Date: _____ Starting Pay Rate: _____

Signature of Dept. Manager
Required for Processing Application

Signature Date

Date Received in Human Resources

Signature of Human Resources Representative

Human Resources Action

TBNT Sent - _____ Date	Offer Letter Sent - _____ Date
New Hire Packet Sent- _____ Date	PAF Originated- _____ Date