

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 House 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 House 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 House conducts criminal background checks, drug screening and reference checks on all applicants.

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

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Internet | <input type="checkbox"/> Seabrook House Web Site | <input type="checkbox"/> Employee Referral _____ |
| <input type="checkbox"/> Newspaper Ad | <input type="checkbox"/> Job 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:		
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 House before?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, from (mm/dd/yy) _____ to _____ Reason for leaving Seabrook House _____					
Have you ever applied for employment at Seabrook House 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 House?		<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: _____					
Have you ever been convicted of a crime as a juvenile or an adult including sexual related and/or child abuse-related offenses?		<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	Evenings	<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	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.

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

QUESTIONNAIRE

Please answer the following questions:

What do you know about Seabrook House and why do you want to work here?

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

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

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

APPLICANT PLEASE READ THE STATEMENT BELOW AND SIGN

TERMS AND CONDITIONS

Seabrook House 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 House, 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 House Inc., and understand that after my offer of employment has been made, Seabrook House 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 House. I understand, and if employed, will accept these conditions of my continued employment. _____
Initial
- 6. Seabrook House 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 House Inc., can change conditions of employment, wages, benefits and conditions at any time. _____
Initial

Release

I give Seabrook House 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 House 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 House 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 House premises. I also have been advised that Seabrook House 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 House 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 House 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.

STOP HERE. DO NOT WRITE BELOW.

COMPANY MANAGER USE ONLY

FIRST INTERVIEW Date Application Received _____ Date Applicant was Contacted _____ Date of First Interview _____ Interviewer _____
--

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