



The Brookwood School

Application for Employment

Personal Information

Date _____

Name _____ Social Security # _____

Present Address _____

Permanent Address _____

Phone Number _____ Are you 18 years or older? Yes ___ No ___

Do you have a reliable form of transportation? Yes ___ No ___

Are you either a U.S. Citizen or an Alien Authorized to work in the United States? Yes ___ No ___

Employment Desired

Position _____ Date you can start? _____

Are you currently employed? _____ If so, may we contact your present employer? _____

Education

| | Name & Location | Did you Graduate? | Date/Degree Earned | Major & Minor |
|---|-----------------|-------------------|--------------------|---------------|
| High School | | | | |
| College/University | | | | |
| Graduate Studies, Trade, Business/Correspondence School | | | | |

General

Subjects of Special Study of Research Work _____

Special Skills _____

Activities: (Civic, Athletic, etc.) _____ (Please exclude any which indicate the Race, Creed, Sex, Age, Marital Status, color or nation of origin of its members)

U.S. Military/ Naval Service _____ Rank _____ Present Membership in National Guard/ Reserves _____

*The Brookwood School does not discriminate on the basis of race, color, national or ethnic origin, religion, or gender in administration or its educational policies, admission policies, scholarship and loan programs, and other school administered programs or employment practices. * The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.*

Former Employers: (Start with your most recent employer)

| Dates | Name/Address of Employer | Phone Number | Your Title | Reason for Leaving |
|-------|--------------------------|--------------|------------|--------------------|
| From: | | | | |
| To: | | | | |
| From: | | | | |
| To: | | | | |
| From: | | | | |
| To: | | | | |

Resume Attached { }

Which of these jobs did you like best? _____

What did you like most about this job? _____

References: Give names of three persons not related to you whom you have known at least one year and can evaluate your work performance.

| Name | Address | Business | Day Phone Number | Yrs. Known |
|------|---------|----------|------------------|------------|
| | | | | |
| | | | | |
| | | | | |

* I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing same to you.

SIGNATURE: _____ DATE: _____

Please return application to:

The Brookwood School
 687 County Highway 59
 Cooperstown, NY 13326
 Phone: 607-547-4060
 Fax: 607-547-2835

| Office Use Only: | |
|------------------|-----------------------|
| References: | |
| 1 { } | Comments Attached { } |
| 2 { } | Comments Attached { } |
| 3 { } | Comments Attached { } |