



# Spaulding Academy & Family Services

## Application for Employment

72 Spaulding Road  
Northfield, NH 03276  
(603) 286-8901

*Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, disabilities, marital or veteran status.*

(PLEASE PRINT)

Date of Application \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_

Pay expected: \_\_\_\_\_

Referral Source:  Advertisement  Friend  Relative  Walk-In  Employment Agency  Other \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number Street City State Zip Code

Telephone ( ) \_\_\_\_\_ Are you 21 years of age or over: \_\_\_\_\_ (Subject to verification)

Business Tel. No. ( ) \_\_\_\_\_ Email address: \_\_\_\_\_

How long at present address? \_\_\_\_\_ Previous address: \_\_\_\_\_

Have you filed an application here before?  Yes  No If Yes, give dates \_\_\_\_\_

Have you ever been employed here before?  Yes  No If Yes, give dates \_\_\_\_\_

Are you employed now?  Yes  No May we contact your present employer?  Yes  No

Relatives and friends working for us \_\_\_\_\_

Were you referred by a current staff member?  Yes  No Staff Name: \_\_\_\_\_

Are you a U.S. citizen or legally authorized to work in this country?  Yes  No

On what date would you be available for work? \_\_\_\_\_

Are you available to work  Full Time  Part Time  Shift Work  Temporary

Are you on a lay-off and subject to recall?  Yes  No

Are you willing to take a physical examination at Spaulding's expense?  Yes  No

In case of emergency whom should be contact? \_\_\_\_\_ Tel No. \_\_\_\_\_

1. Have you ever been convicted of or pleaded no contest to any criminal violation of law that has not been annulled by a court, or are you now under pending investigation or charges of violation of criminal law?  
 Yes  No
  
2. Have you been subject to any adverse action(s) by any duly authorized sanctioning or disciplinary agency for either conduct based or performance-based actions?  Yes  No

If yes, please provide dates and explain the circumstances (this does not automatically exclude you from consideration for employment): \_\_\_\_\_

\_\_\_\_\_

Valid Driver's License held in (State) \_\_\_\_\_ License No. \_\_\_\_\_ Expiration \_\_\_\_\_

Do you own your own vehicle?  Yes  No



**Education – All employees must have at least a high school diploma or general equivalency diploma (GED)**

\_\_\_\_\_ Elementary \_\_\_\_\_ High School \_\_\_\_\_ College University \_\_\_\_\_ Graduate/Professional

School Name \_\_\_\_\_

Years Completed  
(Circle) 4 5 6 7 8 \_\_\_\_\_ 9 10 11 12 \_\_\_\_\_ 1 2 3 4 \_\_\_\_\_ 1 2 3 4 \_\_\_\_\_

Diploma/Degree \_\_\_\_\_

Described Course  
of Study \_\_\_\_\_

Describe specialized training and skills: \_\_\_\_\_

\_\_\_\_\_

List certifications: \_\_\_\_\_

\_\_\_\_\_

List professional, trade, business or civic activities held: (You may exclude those which indicate race, color, religion, sex, national origin, age, disabilities, marital or veteran status.) \_\_\_\_\_

\_\_\_\_\_

State any additional information you feel may be helpful to us in considering your application: \_\_\_\_\_

\_\_\_\_\_

## Employment History

Start with your present or last job. Include military service assignments and volunteer activities.

Employer	Telephone ( )	<u>Dates Employed</u> From To	Work Performed
Address			
Job Title			
Supervisor Reason for Leaving			
Employer	Telephone ( )	<u>Dates Employed</u> From To	Work Performed
Address			
Job Title			
Supervisor Reason for Leaving			
Employer	Telephone ( )	<u>Dates Employed</u> From To	Work Performed
Address			
Job Title			
Supervisor Reason for Leaving			
Employer	Telephone ( )	<u>Dates Employed</u> From To	Work Performed
Address			
Job Title			
Supervisor Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

Give name, email address and telephone number of three work-related (supervisor) references.

---



---



---

## Applicant's Statement

The answers to all questions on this application are true and correct to the best of my knowledge. I understand that falsification of statements on this application can be a cause for dismissal. I understand that as part of normal employment procedure, a routine inquiry may be made. I authorize such investigation and the giving and receiving of any information requested by Spaulding Academy & Family Services and release from liability any person giving or receiving any information. I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature or scope of an investigation which is made.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

This organization reserves the right to revise or eliminate job duties and responsibilities in its sole discretion. This application does not constitute and should not be considered as a written or implied offer or contract of employment. Rules, policies and terms of employment will be furnished if you are hired.

---

**FOR HUMAN RESOURCES DEPARTMENT USE ONLY  
PLEASE MAKE COMMENTS SO THAT OTHERS ARE ABLE TO  
UNDERSTAND THE STATUS OF APPLICATION**

Hiring Approvals: For What Position: \_\_\_\_\_ Starting Date: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Required Signatures:

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head: \_\_\_\_\_ Date: \_\_\_\_\_

Chief Executive Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Return to Human Resources Director: \_\_\_\_\_ Date: \_\_\_\_\_