



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

Graduate? Earned Name & Location Did you Date/Degree 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 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 { }