

APPLICATION FOR EMPLOYMENT

(PLEASE PRINT PLAINLY)

Date: _____ **Position Applied for:**
Full-time **Part-time** **PRN Status**

Name:
(first) _____ **(middle)** _____ **(last)** _____

Address:
Street or PO Box _____ **City** _____ **State** _____ **Zip** _____

Telephone # _____ **Alternate #** _____
S.S.# _____

Are you legally eligible for employment in the USA? yes no (verification will be required). **Are you of legal age to work?** yes no (work permit may be required).

Do you currently have any relatives working for Appling HealthCare System?
yes no **If so, please list relatives name and department:**

Have you ever been employed with our system? yes no **If yes, when, what department and what position:**

Have you ever been convicted of a criminal crime? yes no. **If yes when (date) and for what.**

If your application is considered for employment, what date would you be available for work?

Are there any experiences, skills, or qualifications that will be of special benefit in the job for which you are applying? (Applicant would not list any information that Federal & State law precludes obtaining in the pre-employment stage.)

Note:

- (1) Applications will be kept on file in the Human Resources (HR) Department for 120 days (4 months). After that time, you must re-apply.
- (2) Applications **must** be filled out in there entirety (dates, signature, **phone #'s** etc.) to be considered, any falsification or information purposely omitted will result in application not being considered or termination.
- (3) When applying for a position you **must specify** what position, if left blank application will be discarded.

School	Name & Address of Institution	Course of Study	Mark last year completed	Did you graduate	Date Completed
High School			1 2 3 4	Yes <input type="checkbox"/> No <input type="checkbox"/>	
College			1 2 3 4	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Technical / other			1 2 3 4	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Comments

List below all employment history, beginning with your most recent (if any gaps in employment please explain in the comment section) if additional space is needed, attached to application.

Company:
Telephone #

Address:
Contact Person:

Date of Hire:
Reason for leaving
Brief description of duties

Date Ended
Salary:

Company:
Telephone #

Address:
Contact Person:

Date of Hire:
Reason for leaving
Brief description of duties

Date Ended
Salary:

Company:
Telephone #

Address:
Contact Person:

Date of Hire:
Reason for leaving
Brief description of duties

Date Ended
Salary:

Company:
Telephone #
Date of Hire:
Reason for leaving
Brief description of duties

Address:
Contact Person:
Date Ended
Salary:

Personal References :

Name:	Relationship	Phone #
Name:	Relationship	Phone #
Name:	Relationship	Phone #

I hereby give permission to contact the employers listed above concerning my prior work experience. If there is a particular employer (s) you do not wish us to contact, please indicate which one (s)

Signature:

Were you in the US Armed Forces? Yes no

If yes what branch?

Did you receive any training that is relevant to the position applied for?

Applying HealthCare System is an Equal Opportunity Employer

If applying for CNA or Nursing Assistant

**Give us your answers, concerns and or thoughts in writing to the following questions.
This must be completed to be considered for employment.**

- ◆ **How would you feel handling a patient / resident who is swearing, spitting or hitting**
- ◆ **What are your perceptions (thoughts) about helping patients / residents with personal hygiene or bathroom visits?**
- ◆ **How do you feel about death and dying**
- ◆ **What are your feelings on being a team player?**
- ◆ **do you like most about being a CNA or Nursing assistant?**
- ◆ **Why did you leave your last position?**

Additional comments

If applying for a clinical (RN, LPN, Technician, etc.) or clerical position

Please give us your answers to the following questions, This must be completed to be considered for employment.

- ◆ **How can your relevant accomplishments be applied to this organizations needs and goals**
- ◆ **What are you looking for in this job / position**
- ◆ **Why should we consider you for this position**
- ◆ **What is the most difficult situation you have encountered in or on the job**

Additional comments:

APPLICANT DO NOT WRITE ON THIS PAGE

Interviewer _____ **Department** _____ **Date** _____

Results of Reference Check

(1) Company _____ **Contact** _____ **Employment verified** ___ **yes** ___ **no**
Eligible for rehire ___ **yes** ___ **no**. **Additional information** _____

(2) Company _____ **Contact** _____ **Employment verified** ___ **yes** ___ **no**
Eligible for rehire ___ **yes** ___ **no**. **Additional information** _____

(3) Company _____ **Contact** _____ **Employment verified** ___ **yes** ___ **no**
Eligible for rehire ___ **yes** ___ **no**. **Additional information** _____

(4) Company _____ **Contact** _____ **Employment verified** ___ **yes** ___ **no**
Eligible for rehire ___ **yes** ___ **no**. **Additional information** _____

(5) Company _____ **Contact** _____ **Employment verified** ___ **yes** ___ **no**
Eligible for rehire ___ **yes** ___ **no**. **Additional information** _____

(6) Company _____ **Contact** _____ **Employment verified** ___ **yes** ___ **no**
Eligible for rehire ___ **yes** ___ **no**. **Additional information** _____

Appling Health Care System
163 E. Tollison Street, Baxley Ga. 31513 Ph. 912- 367-9841

Application Agreement

I hereby certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind. I agree the Appling HealthCare System shall not be liable in any respect if my employment is terminated because of the falsifying of statements, answers, or omissions made by me on the application.

I grant permission to check my references regarding my employment or educational credentials and related matters. I understand that this information will be used solely for the purpose of determining my qualifications for employment with Appling HealthCare.

I hereby release from liability all previous employers, educational institutions and named personal references for releasing this information to Appling HealthCare System. I also release Appling HealthCare System from liability in using this information in making employment decisions.

I also understand and agree that as a condition of becoming employed, I will be required to pass a pre-employment drug/alcohol test. As an inducement for consideration of my application, I hereby consent to said tests and procedures, and release Appling HealthCare System, and any laboratory or laboratory personnel (whether or not employed by Appling), from all liability which might arise from their administration of such tests, including their reporting of the results of any such procedures to Appling HealthCare System.

I further understand and agree that if hired, my employment is at will, for no definite period of time, that it may be terminated at any time and that my employer may unilaterally change any term or condition of employment (including wage rates or benefits described in any handbook, job description or administrative manual) either with or without prior notice to me and that such changes will become effective and shall govern my employment rights as soon as they are adopted. In addition, if accepted for employment, I agree to abide by the rules and policies of Appling HealthCare System.

I hereby represent to Appling HealthCare System that I am legally entitled to accept employment within the United States.

Name:
Please print

Signature:

Date: