



Application for Employment

We provide equal access to programs, services, and employment to all persons. Those applicant requiring reasonable accommodation to the application and/or interview process should notify a representative of Human Resources. Please Print.

Position (s) applied for _____ Date of application: ____/____/____

How did you hear of this opening? ☐ Advertisement ☐ Employee ☐ Relative
☐ Employment Agency ☐ Walk in ☐ Other

Name of source: _____

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Telephone: (____) _____ Mobile/Beeper Number: (____) _____ Other Number: (____) _____

Best time to call you at home is _____ am or pm May we contact you at work? ☐ Yes ☐ No

If yes, work number and best time to call (____) _____ am or pm

If you are under 18, can you furnish a work permit? ☐ Yes ☐ No

Have you submitted 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 legally eligible for employment in this country? ☐ Yes ☐ No

Date available for work: ____/____/____ Shift Preference(s) ☐ 1st ☐ 2nd ☐ 3rd

Type of work desired: ☐ Full-time ☐ Part-Time ☐ As needed ☐ Educational Co-op

Will you travel if the job requires it? ☐ Yes ☐ No Have you ever been bonded? ☐ Yes ☐ No

Are you able to meet the attendance requirements of the position? ☐ Yes ☐ No

Will you work overtime if required? ☐ Yes ☐ No If no, please explain: _____

Have you been convicted of a crime in the last 7 years? ☐ Yes ☐ No

If yes, please explain: _____

Conviction will not necessarily be a bar to employment. Each instance and explanation will be considered in relation to the position for which you are applying.

Driver's license number if driving is an essential job function: _____ State: _____

Employment History

Please provide the following information for your current and past employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Please include 10 years of work history. Attach an additional sheet if necessary. Explain any gaps in employment in the comments section. Please complete this section even if you are submitting a resume.

Employer Name: _____ Telephone (____) _____

Address: _____

Job title and Summary of duties: _____

Immediate supervisor: _____

Dates of employment: ____/____/____ to ____/____/____ Starting wage: _____ Ending wage: _____

Reason for leaving: _____

May we contact for a reference: ☐ Yes ☐ No ☐ Later

Employer Name: _____ Telephone (____) _____

Address: _____

Job title and Summary of duties: _____

Immediate supervisor: _____

Dates of employment: ____/____/____ to ____/____/____ Starting wage: _____ Ending wage: _____

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Dates of employment: ____/____/____ to ____/____/____ Starting wage: _____ Ending wage: _____

Reason for leaving: _____

May we contact for a reference: ☐ Yes ☐ No ☐ Later

Comments (Including explanation of any gaps in employment) _____

Skills and Qualifications: Summarize any special training, skills, licenses, and/or certifications that may qualify you as being able to perform job-related functions in the position for which you are applying.

Educational Background if job related

List the last three (3) schools attended, starting with the most recent. List the number of years completed. Indicated degree or diploma earned, if any. GPA or Class rank, if applicable. Major and minor fields of study if applicable.

School	Years completed	Degree Diploma	GPA Class Rank	Major	Minor

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Relationship	Telephone Number	Years Known
		()	
		()	
		()	

Additional Information

List professional, trade, business, or civic associations and any offices held.

EXCLUDE MEMBERSHIPS WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY OR ANY OTHER SIMILARLY PROTECTED STATUS

Organization	Offices Held

List special accomplishments, publications, awards, etc.

EXCLUDE MEMBERSHIPS WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY OR ANY OTHER SIMILARLY PROTECTED STATUS

AFFIRMATIVE ACTION VOLUNTARY INFORMATION

COMPLETION OF THE BELOW INFORMATION IS VOLUNTARY

We consider all applicants for positions without regard to race, color, religion, sex, national origin, age, veteran, sexual preference, disability, or any other similarly protected status.

In an effort to comply with requirements regarding government record keeping, reporting, and other legal obligations, which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated. Please be advised that this survey is *not* part of your official application for employment. If you choose not to provide this information you will not be subjected to any adverse personnel decision. Your cooperation is appreciated.

This form is to be completed by the applicant on a voluntary basis. This is not to be used for interviewing purposes. This document will be filed separately from the application.

PLEASE PRINT

Position(s) applied for: _____ Date: ____/____/____

Referral Source

How did you hear of this opening? ☐ Advertisement ☐ Employee ☐ Relative
☐ Employment Agency ☐ Walk in ☐ Other

Name of source or person referring you: _____

Applicant Information

Name: _____ ☐ Male ☐ Female
LAST FIRST MIDDLE

Address: _____
STREET CITY STATE ZIP

Telephone: (____) _____

Please check one of the following Equal Opportunity Identification Groups:

☐ White (Not of Hispanic Origin) ☐ Black (Not of Hispanic Origin) ☐ Hispanic
☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander

For Administrative Use Only

Position(s) Applied for ☐ Available ☐ Unavailable

Other positions considered for: _____

Hired: ☐ Yes ☐ No

Position hired for: _____

From the EEO job classifications listed below, which one best describes the position filled

☐ Officials and Managers ☐ Sales ☐ Semi-skilled Operators
☐ Professionals ☐ Office and Clerical Workers ☐ Unskilled Laborers
☐ Technicians ☐ Skilled Craft Workers ☐ Service Workers

Notes: _____

Completed by: _____ Date: ____/____/____

List any additional information you would like us to consider. _____

I understand that if I am employed, any misrepresentation or material omission made by me on this application, will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations, organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no questions on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to may any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the American's with Disabilities Act (ADA).

I understand that if hired, I will be required to provide proof of identity and legal work authorization.

I understand that criminal background checks are performed in accordance with state and federal law. I understand that I may be asked to provide fingerprints to perform such a check if I am offered a position.

I also understand that if I am extended an offer of employment, I will be required to submit to a pre-employment substance abuse test. I further understand that Paulding County Hospital is a drug free work environment and I can be tested for drugs or alcohol if Paulding County Hospital has a reasonable suspicion of me violating this policy.

I represent and warrant that I have read and full understand the foregoing and seek employment under these conditions

Signature of Applicant: _____ Date: ____/____/____