

**ELBERT MEMORIAL HOSPITAL**  
 4 MEDICAL DRIVE  
 ELBERTON, GA 30635

**APPLICATION FOR EMPLOYMENT**

THIS APPLICATION FOR EMPLOYMENT WILL NOT BE CONSIDERED  
 UNLESS FULLY COMPLETED

FEDERAL AND STATE LAWS PROHIBIT DISCRIMINATION IN  
 EMPLOYMENT BECAUSE OF FACE, COLOR, CREED, AGE, SEX,  
 MARTIAL STATUS, NATIONAL ORIGIN, PHYSICAL HANDICAP, OR  
 MEDICAL CONDITION.

APPLICATION DATE: \_\_\_\_\_

Last Name	First Name	Middle Name	Social Security Number
Street Address			
City, State, and Zip Code		Telephone Number	Alternate Telephone
Yes <input type="checkbox"/> No <input type="checkbox"/>	IF YES:		
Have you ever been employed by Elbert Memorial Hospital?	Location		Dates of employment
	Reason for leaving		Name Employed Under if Now Different
List all positions for which you would like to be considered		Rate of pay expected	Date you can start work
List relatives employed by Elbert Memorial Hospital, how related and where they work			
Are you 18 years of age or older? Yes <input type="checkbox"/> No <input type="checkbox"/>		Type of employment you are seeking.	
If under 18, applicant will be required to submit a birth certificate or a work certificate as required by the state of federal laws.		<input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Temporary	
		Shift or hours you can work: <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup>	
Check the highest level equivalent completed:			
Elementary School <input type="checkbox"/> or less 8	High School <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> Diploma	College/Tech <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Diploma	Are you currently a student? Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of college, university or vo-tech attended: _____		Major _____	
Other details of experience or training, including information on adult education programs which have a direct bearing on the job which you are seeking?			
School	Course	Diploma or Certificate?	Date Completed
EMPLOYMENT HISTORY – List entire employment history starting with your present employer. For any unemployed or self-employed periods show dates and location. (Attach additional sheets if necessary.)			
Employer Name: _____	Your Job: _____	Last Pay Rate: _____	
Address: _____	Supervisor: _____	Reason for Leaving: _____	
City/State/Zip: _____	Dates Employed: From - _____	_____	
Phone #: _____	To - _____	_____	
Employer Name: _____	Your Job: _____	Last Pay Rate: _____	
Address: _____	Supervisor: _____	Reason for Leaving: _____	
City/State/Zip: _____	Dates Employed: From - _____	_____	
Phone #: _____	To - _____	_____	
Employer Name: _____	Your Job: _____	Last Pay Rate: _____	
Address: _____	Supervisor: _____	Reason for Leaving: _____	
City/State/Zip: _____	Dates Employed: From - _____	_____	
Phone #: _____	To - _____	_____	

Have you ever been convicted of a felony?    Yes <input type="checkbox"/> No <input type="checkbox"/>  Have you ever been convicted of any type of theft or fraud or a violent crime?    Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, on a separate sheet, identify the crime for which you were convicted, the date of conviction and the location of the court in which you were convicted. Please provide any details you feel are relevant. Conviction of a crime will not automatically disqualify you from consideration for employment, but will be considered as part of an overall evaluation of your qualifications.		
Have you served in the U.S. Military?    Yes <input type="checkbox"/> No <input type="checkbox"/> Please list job-related skills or experience - _____			
May we contact your present employer for a reference?    Yes <input type="checkbox"/> No <input type="checkbox"/>	List office machines you can use- _____	Typing Speed WPM	Shorthand Speed WPM
Please list what other equipment you can operate- _____			Can you transcribe DR's orders? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
ARE YOU EITHER A UNITED STATES CITIZEN OR AN ALIEN WHO HAS THE LEGAL RIGHT TO WORK IN THE JOB FOR WHICH YOU ARE APPLYING?  Yes <input type="checkbox"/> No <input type="checkbox"/>			
PURSUANT TO THE IMMIGRATION REFORM AND CONTROL ACT OF 1986, ALL APPLICANTS, UPON BEING MADE AN OFFER OF EMPLOYMENT, MUST PRODUCE DOCUMENTS, WHICH ARE SPECIFIED BY THE FEDERAL GOVERNMENT, ESTABLISHING THEIR IDENTITY AND AUTHORIZATION FOR EMPLOYMENT IN THE UNITED STATES. THESE DOCUMENTS MUST BE PRODUCED NO LATER THAN SEVENTY-TWO (72) HOURS AFTER COMMENCEMENT OF EMPLOYMENT. YOU WILL ALSO BE REQUIRED TO SIGN FORM I-9 (ISSUED BY THE FEDERAL GOVERNMENT) VERIFYING, UNDER OATH, YOUR EMPLOYMENT AUTHORIZATION.			
PROFESSIONAL LICENSES, REGISTRATIONS AND/OR CERTIFICATIONS			VERIFY
Type _____	State Issues _____	Date _____	NO
Type _____	State Issues _____	Date _____	NO
Tvne _____	State Issues _____	Date _____	NO

#### JOB APPLICANTS AGREEMENT TO AND CERTIFICATION OF INFORMATION

I certify that the information given by me in this application is true in all respects and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and I authorize the past employers, all references, and other persons to answer all questions asked concerning my education, ability, character, and previous employment record. I understand that this information will be used solely for the purpose of determining my qualifications for employment and hereby release from liability my previous employer, educational institution, or references and Elbert Memorial Hospital for use of this information in making employment decisions. *I have read, understand, and agree to this statement. (please initial here)* \_\_\_\_\_

I understand that nothing contained in the employment application or in the granting of an interview is intended to create an employment contract between Elbert Memorial Hospital and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon Elbert Memorial Hospital unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that Elbert Memorial Hospital retains the same right. *I have read, understand, and agree to this statement. (please initial here)* \_\_\_\_\_

I understand that Elbert Memorial Hospital has a commitment to maintain an alcohol/drug free workplace and that Elbert Memorial Hospital, unless prohibited by state law, requires a drug screening test and an Investigative Consumer Report as a part of its selections and hiring process. I understand that such drug screening will consist of the testing of a urine sample or other medically recognized test designed to detect traceable amounts of a controlled substance in my body. If the results of the test are positive and/or a questionable background check is received, I will be disqualified from consideration for employment and any offer of employment withdrawn. I further understand and agree that if I am employed, I may be required to submit to alcohol/drug testing under certain circumstances during my employment. *I have read, understand, and agree to this statement (please initial here)* \_\_\_\_\_

I further understand that if a conditional offer of employment is made to me, it is conditioned upon my successful completion of a medical examination, including a drug and alcohol test, background check and verification of ability to perform essential functions of the job during the probationary period. I hereby consent to said tests and procedures, and release Elbert Memorial Hospital, and any laboratory or laboratory personnel (whether or not employed by Elbert Memorial Hospital), from all liability which might arise from their reporting of any such screenings, examinations, or tests procedures to Elbert Memorial Hospital. *I have read, understand, and agree to this statement (please initial here)* \_\_\_\_\_

I further understand and agree that if fired, 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 personnel 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 my employer. *I have read, understand, and agree to this statement (please initial here)* \_\_\_\_\_

I understand that this application is good only for sixty (60) days from today's date. If I still desire a position with the hospital after this application expires, it will be my responsibility to fill out a new application and file it with the hospital. Otherwise, the hospital will not consider me for employment after this application expires. *I have read, understand, and agree to this statement (please initial here)* \_\_\_\_\_

I agree I must comply with all federal, state and local laws, rules and regulations.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_