



APPLICATION FOR EMPLOYMENT

Date: _____

1050 Valdosta Highway / Homerville, GA 31634 (912) 487-5211
www.clinchmh.org

This institution is an equal opportunity provider and employer.
DFWP

PERSONAL DATA									
Last Name		First Name		Middle Name		Maiden Name			
Current Address		Number and Street		City	State	Zip Code	Social Security Number(Last four digits) XXX-XX-		
Previous Address		Number and Street		City	State	Zip Code	Telephone Number	Are you at least 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Position Desired		Desired Salary	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp		Willing to work? Evening <input type="checkbox"/> Yes <input type="checkbox"/> No Night <input type="checkbox"/> Yes <input type="checkbox"/> No Weekends <input type="checkbox"/> Yes <input type="checkbox"/> No		Email Address		
Are you able to perform the essential, job related functions of the position for which you are applying with or without reasonable accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No									
Are you currently excluded from participation in any federally funded healthcare program-including Medicare and Medicaid and are you aware of any potential exclusion from a federally funded health program? <input type="checkbox"/> Yes <input type="checkbox"/> No									
EDUCATION DATA									
Name and Address of High School						Dates Attended -	Graduate?	Date	
Name and Address of College					Course or Major	Dates Attended -	Graduate?	Degree	
Name and Address of Other					Course or Major	Dates Attended -	Graduate?	Degree or Diploma	
PERSONAL REFERENCES									
Name and Address					Telephone Number	Email Address			
Name and Address					Telephone Number	Email Address			
Name and Address					Telephone Number	Email Address			
EMPLOYMENT DATA-Begin with your most recent job.									
Employer's Name					May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			Dates of Employment: From: To:	
Employer's Address					Telephone#			Supervisor's Name:	
Title		Duties							
Reason for Leaving					Email address			Starting Salary	Ending Salary
Employer's Name					May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			Dates of Employment: From: To:	
Employer's Address					Telephone#			Supervisor's Name:	
Title		Duties							
Reason for Leaving					Email address			Starting Salary	Ending Salary
Employer's Name					May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			Dates of Employment: From: To:	
Employer's Address					Telephone#			Supervisor's Name:	
Title		Duties							
Reason for Leaving					Email address			Starting Salary	Ending Salary

SKILLS		
List Number and Expiration Date of any Professional Occupational license	State	Driver's License #(Last four digits)
Are You Computer Literate? What Software?	Typing speed?	Office Equipment?

Have you ever worked for Clinch Memorial Hospital before? ☐ Yes ☐ No If yes, give dates: From _____ To _____

CERTIFICATION OF APPLICANT

I hereby state that the information given by me in the application is complete and true in all respects. I understand that any omission, misrepresentation, or falsification will preclude my application from further consideration. I further understand that if employed, the subsequent disclosure of any omission, misrepresentation, or falsification of information may result in the termination of my employment.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or 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 supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreement contrary to the foregoing express language are valid unless they are in writing and signed by the employer's administrator.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that reasonable safeguards will be taken to protect all personal information provided or obtained in conjunction with this application for employment. My personal information may be shared with the employer's affiliate(s) and third parties engaged by the employer to perform services for the employer. Any personal information shared with an affiliate or third party is to be used solely to perform the services requested by the employer.

I understand that Clinch Memorial Hospital reserves the right to require its applicants to submit to a drug test. I understand that refusal to submit to a drug test or a positive test result may preclude my application from further consideration. I further understand that Clinch Memorial Hospital reserves the right to require its employees to submit to blood tests or urinalysis for alcohol or drug screens, or to allow inspection of bags (including purses or brief cases) or parcels brought into or taken out of Clinch Memorial Hospital. I understand that, if employed, a positive test result or a refusal to submit to a urinalysis, blood test or search, when requested to do so may result in termination of my employment.

Clinch Memorial Hospital does not tolerate unlawful discrimination in its employment practice. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex (including pregnancy), race, color, religion, national origin, citizenship, age, disability, genetic information, or any other protected status under applicable federal, state, or local law.

I hereby authorize Clinch Memorial Hospital to make all necessary and appropriate investigations to verify the information contained herein including a report of prior convictions and authorize my former employers to release information pertaining to my work record, my work habits, and my work performance while in their employ.

DO NOT SIGN UNTIL YOU HAVE READ THIS ABOVE CERTIFICATION OF APPLICANT.

I certify that I have read, fully understand and accept all terms of the foregoing Certification of Applicant.

Signature of Applicant _____ Date: _____

INTERVIEWER NOTES

Clinch Memorial Hospital is an equal opportunity employer. As required by law, we must record certain information to be made a part of our affirmative action program.

Applicants for employment are invited to participate in the affirmative action program by reporting their status as a protected veteran or other minority. In extending this invitation, we advise you that: (a) workers (applicants) are under no obligation to respond but may do so in the future if they choose; (b) responses will remain confidential within the human resource department; and (c) responses will be used only for the necessary information to include in our affirmative action program. We are a company that values diversity. We actively encourage women, minorities, veterans and disabled employees to apply. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

TO BE COMPLETED BY APPLICANT ON A VOLUNTARY BASIS, NOT FOR INTERVIEW PURPOSES, FILE SEPARATELY FROM APPLICATION.

Name: _____ Date: _____

Gender ☐ Male ☐ Female Position Applied for: _____

Race or Ethnicity Identity* (select one, see back for definitions)

- ☐ Hispanic or Latino
- ☐ White (not Hispanic or Latino)
- ☐ Black or African American (not Hispanic or Latino)
- ☐ Native Hawaiian or Pacific Islander (not Hispanic or Latino)
- ☐ Asian (not Hispanic or Latino)
- ☐ American Indian or Alaskan Native (not Hispanic or Latino)
- ☐ Two or more races (not Hispanic or Latino)

Veteran Status (see back for definitions)**

- ☐ I am a protected veteran
- ☐ I am NOT a protected veteran
- ☐ I do not wish to self-identify

How did you hear of our opening? ☐ employee referral ☐ company website ☐ job board ☐ social media
☐ advertisement - please explain _____ ☐ recruiter ☐ other - please explain: _____

For Administrative Use

Position(s) applied for _____ ☐ Current opening ☐ No current opening

Hired? ☐ No ☐ Yes Hire date _____

Position classification

- | | | |
|--|--|--|
| <input type="checkbox"/> Office and clerical Workers | <input type="checkbox"/> Sales Workers | <input type="checkbox"/> Technicians |
| <input type="checkbox"/> Operatives (semi-skilled) | <input type="checkbox"/> Service Workers | <input type="checkbox"/> Laborers (unskilled) |
| <input type="checkbox"/> Craft Workers (skilled) | <input type="checkbox"/> Professionals | <input type="checkbox"/> Official and Managers |

***EEOC RACE/ETHNIC IDENTIFICATION CATEGORIES**

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (*not Hispanic or Latino*) - A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Black or African American (*not Hispanic or Latino*) - A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (*not Hispanic or Latino*) - A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

Asian (*not Hispanic or Latino*) - A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

American Indian or Alaska Native (*not Hispanic or Latino*) - A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.

Two or more races (*not Hispanic or Latino*) - All persons who identify with more than one of the above races.

****PROTECTED VETERAN DEFINITION**

Protected veteran means a veteran who may be classified as an active duty wartime or campaign badge veteran, disabled veteran, Armed Forces service medal veteran or recently separated veteran.

Active duty wartime or campaign badge veteran means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

Armed Forces service medal veteran means any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 FR 1209, 3 CFR, 1996 Comp., p. 159).

Disabled veteran means (1) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, *or* (2) a person who was discharged or released from active duty because of a service-connected disability.

Recently separated veteran means a veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.