

Habersham Medical Center
Application for Employment

Personal information

Name (last, first, middle) _____ Date: _____
Social Security number: _____
Mailing Address: _____
911 Address: _____
City _____ State: _____ Zip: _____
Home phone: _____ Business phone: _____
Email Address: _____
Are you legally eligible for employment in the United States Yes No
(HMC requires proof of identity and eligibility to work in the United States upon employment.)
List any relatives currently working at HMC: _____

Position you are applying for

Title: _____ Salary requirement: _____
Referred by: _____ Date you can start: _____
How did you learn about this opening? Walk in Internet Prof. Journal Newspaper

Education record

High school (name, city, state): _____

Business or technical school: _____

Degree earned: _____
Undergraduate college (name, city, state): _____

Degree, major: _____
Graduate school (name, city, state): _____

Degree, subject: _____

Professional Licenses and/or Certification

Type:	Organization or State Issued:	Date Issued:	Number:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Military Record

Military Branch: _____ Entry Rank: _____ Separation Rank: _____
Occupational Specialty: _____ Separation Dates(s): _____
Specialized Training: _____
List Service Awards, Commendations: _____

(Please turn to the next page.)

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Work history (give information about your last 3 jobs, starting with the most recent)

Employer:	Dates employed:
Address:	
City:	State: Zip:
Telephone:	Ending salary:
Last manager's name and title:	
Position Title:	
Duties:	
Reason for leaving:	May we contact for reference?

Employer:	Dates employed:
Address:	
City:	State: Zip:
Telephone:	Ending salary:
Last manager's name and title:	
Position Title:	
Duties:	
Reason for leaving:	May we contact for reference?

Employer:	Dates employed:
Address:	
City:	State: Zip:
Telephone:	Ending salary:
Last manager's name and title:	
Position Title:	
Duties:	
Reason for leaving:	May we contact for reference?

If you wish to list more employers, attach a separate sheet of paper.

Have you ever been convicted of a crime If so, what, when and where? _____

(Conviction of a criminal offense will not necessarily preclude your employment.)

Can you perform the essential functions of the position, with or without reasonable accommodation? _____

Use this space to give us further information which may assist us in placing you. _____

(Please turn to the next page.)

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Business references (if applying for your first job, you may give academic and/or personal references)

Name & Relationship	Title	Company Name & Address	Telephone

Availability Information

Primary position desired: _____

Will you accept another position?

If so, what position? _____

Are you available to work:

Weekends?

Yes No

Holidays?

Yes No

Rotating Shifts?

Yes No

On Call?

Yes No

I understand that emergency conditions may require me to temporarily work shifts other than the one for which I am applying and agree to such scheduling change as directed by my department head or administrator of this institution. I also understand that as my availability status changes, it is my responsibility to notify my department manager or the Human Resources Department. Such changes will be effective then, for any future employment.

Applicant Signature

Date

Please read and sign

This institution does not discriminate in hiring or any other decision on the basis of race, color, religion, sex, citizenship, national origin, ancestry, Vietnam era status, or on the basis of age or physical or mental disability. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporation supplying such information. I consent to take the physical examination, and such future physical examinations as may be required by this institution as such times and places as the institution shall designate. I understand that an offer of employment may be contingent on passing a drug screening and the physical examination which relates to the essential duties I would be required to perform.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

If employed, I will be required to complete an Employment Verification Form (I-9), and within three days show satisfactory evidence of identity and eligibility for employment.

I acknowledge that I have read the forgoing carefully.

I certify that the statements and responses made in this application are true and correct. I agree that if the information is found to be false and misleading in any way, it shall result in the denial of employment or termination of employment. I also understand that, as an employee of Habersham Medical Center, I will be required to follow the rules and regulations of all federal, state, and local governments, as well as any other governing or accrediting agency associated with the HMC organization.

Signature: _____ Date: _____