



Hospital Authority of Columbus, GA

8414 Whitesville Road  
Columbus, GA 31904  
(706) 225-1100

### Application for Employment

(Please Print)

Date \_\_\_\_\_

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

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_  
Street City, State Zip

Are you 18 years or older? Yes  No  Have you ever worked for this company before? Yes  No

If yes, please give dates and position: \_\_\_\_\_

Do you have any friends or relatives working here? Yes  No  If so please give their name and relationship: \_\_\_\_\_

Are you willing to take a drug screening test? Yes  No

Have you ever been convicted or pled guilty or nolo-contendere to any felony or any misdemeanor other than a minor traffic violation? Yes  No

Are you prevented from becoming employed in this country because of VISA or immigration status? Yes  No   
(Proof of citizenship or immigration status will be required upon employment).

#### Employment Desired

Position: \_\_\_\_\_ Date you can start? \_\_\_\_\_ Salary Desired? \_\_\_\_\_

Are you employed now? Yes  No  If so, may we contact your present employer? \_\_\_\_\_

Will you be willing to work, PRN (as needed)  Part-Time  Full-Time

What shifts are you available for? First  Second  Third

How did you hear about our facility?  Newspaper  Friend  Web Site  Employment Agency  Job Fair

#### Education

School Level	Name and Location	Years Completed	Graduate Year
High School			
College			
Trade or Correspondence School			

#### Emergency Information:

In case of an accident or other emergency, whom should we contact?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**Former Employers:** Start with your present or last job. Including any job related military service assignments.

Present or Last Employer \_\_\_\_\_

Address: \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_

Employment Dates: \_\_\_\_\_ to \_\_\_\_\_ Start Pay \_\_\_\_\_ Final Pay \_\_\_\_\_

Title/Position \_\_\_\_\_ Description of Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name and Title of last Supervisor \_\_\_\_\_

May we contact your supervisor? Yes  No

Previous Employer \_\_\_\_\_

Address: \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_

Employment Dates: \_\_\_\_\_ to \_\_\_\_\_ Start Pay \_\_\_\_\_ Final Pay \_\_\_\_\_

Title/Position \_\_\_\_\_ Description of Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name and Title of last Supervisor \_\_\_\_\_

May we contact your supervisor? Yes  No

Previous Employer \_\_\_\_\_

Address: \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_

Employment Dates: \_\_\_\_\_ to \_\_\_\_\_ Start Pay \_\_\_\_\_ Final Pay \_\_\_\_\_

Title/Position \_\_\_\_\_ Description of Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name and Title of last Supervisor \_\_\_\_\_

May we contact your supervisor? Yes  No

Have you ever been terminated or asked to resign from any job? Yes  No . If yes, please explain circumstances:

\_\_\_\_\_  
\_\_\_\_\_

Please explain fully any gaps in your employment history: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

In the area below please describe any specialized training, apprenticeship, skills, extracurricular activities, computer skills or a list of equipment you believe would help you perform this job:

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**Personal References:** Please list individuals willing to provide character or professional references.

1. \_\_\_\_\_  
Name Position Telephone Number
2. \_\_\_\_\_  
Name Position Telephone Number
3. \_\_\_\_\_  
Name Position Telephone Number

**Please read the following carefully and sign in the space provided**

I certify that the facts set forth in this employment application (and accompanying resume, if any) are true and complete to the best of my knowledge.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

I understand that any employment by this facility will be on a 90-day probationary basis.

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

\_\_\_\_\_  
**Date**

**DO NOT WRITE BELOW THIS LINE**

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**References:** (attach additional pages if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Results of Interview:** (attach additional pages if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Acceptable for employment?** Yes  No  **Starting Rate** \$ \_\_\_\_\_ **Shift/Wing** \_\_\_\_\_

**Date of Orientation/Other** \_\_\_\_\_ **Occupation/Position** \_\_\_\_\_ **Depart** \_\_\_\_\_

**Interviewed By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Full time**  **Part-time**  **PRN** **Other Information:** \_\_\_\_\_



P.O. Box 757  
 Blairsville, GA 30514  
 Tel: 706-781-3554  
 Fax: 706-781-3907/3808  
 Email: infoondemand@alltel.net

## Hospital Authority of Columbus, GA

Telephone Number: 706-256-2403; FAX: 706-563-5823

### EMPLOYEE or APPLICANT CRIMINAL BACKGROUND CHECK AUTHORIZATION/ORDER FORM

The undersigned (i) confirms that it has authorized the above named Client to obtain a **criminal background** check for employment purposes on the undersigned, and (ii) authorizes **Information on Demand, Inc.**, or any of its agents, to provide, orally or in writing, the results of a **criminal background** check to the above-named Client or its representatives. This authorization is a continuing authorization for the Client to obtain background checks on the undersigned during the term of the undersigned's employment with Client.

**THE UNDERSIGNED RELEASES AND HOLDS HARMLESS INFORMATION ON DEMAND, INC. AND ITS AGENTS AND REPRESENTATIVES, AND ALL ENTITIES AND INDIVIDUALS INVOLVED IN REPORTING INFORMATION ABOUT THE UNDERSIGNED, FROM ANY AND ALL CLAIMS BY, OR LIABILITY TO, THE UNDERSIGNED THAT MAY RESULT FROM, ARISE OUT OF, OR IN CONNECTION WITH THE CHECK.**

<b>EMPLOYEE APPLICANT INFORMATION – COMPLETED BY APPLICANT</b>
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<b>PRINT:</b>	First Name	Middle Name	Last Name	Maiden Name
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Sex	Race	Date of Birth	Social Security Number
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Complete Street Address, City, State, and Zip Code

Employee Applicant Signature	Date
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Client Certifies to IOD the following:

1. The Background Report is being ordered from IOD for use by Client employment purposes.
2. Information from the Background Reports will not be used in violation of Federal or State equal opportunity employment law or regulation.
3. Client has provided to the subject of the Background Report a clear and conspicuous written disclosure, in a document that consists solely of the disclosure, that a consumer report may be obtained on the subject for employment purposes, and the subject has provided written authorization (which may be on the same document) of Client's procurement of the report.
4. Before taking adverse action against the subject of the Background Report, based in whole or in part on the Background Report, Client will provide that subject a copy of the report and a copy of the FTC's Summary of Consumer Rights.

<b>BACKGROUND CHECK REPORT ORDER – COMPLETED BY CLIENT</b>
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- Criminal Trace (Check which state below)
- (GA) \_\_\_\_\_
- (Other) \_\_\_\_\_

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## RELEASE AND AUTHORIZATION

To: All employees, insurers, school administrators and school personnel, rehabilitation personnel, social workers, and any other affected person, all Federal and State agencies, Social Security Administration and Division of Labor for the State Georgia, Workers Compensation Section, Police Department, Internal Revenue Services and other law enforcement agencies.

You are hereby authorized to release any and all wage and employment information, income information, information and records concerning insurance policies and claims, school records, tests of any kind and description, police reports any and all related documentation and memoranda, and any other type of information relating to me and to permit the copies of such records or documents to be made available to: **Hospital Authority of Columbus, GA.**

I hereby revoke any and all prior authorizations previously issued by me. This Release and Authorization shall remain in effect until I choose to be delivered to you a written cancellation of such release and authorization. A photocopy of this release shall be accepted as an original.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Social Sec#: \_\_\_\_\_

\_\_\_\_\_ Maiden Name or Previous Married Name

Date of Birth: \_\_\_\_\_

### **DO NOT WRITE BELOW THIS LINE**

The applicant named above has told us that he/she previously worked for your company. We would appreciate you providing us with as much information requested as possible. We assure you that any information you may give will be treated confidentially.

Sincerely,

\_\_\_\_\_  
HR Rep Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant name \_\_\_\_\_ Position Held: \_\_\_\_\_

Dates of employment From \_\_\_\_\_ to \_\_\_\_\_ Salary \$ \_\_\_\_\_ per \_\_\_\_\_

Department \_\_\_\_\_

Reason for leaving your employment? \_\_\_\_\_

Would you re-employ? Yes ( ) No ( ) If no, please explain:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Previous Employer Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

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Hospital Authority of Columbus, GA

## **Policies and Procedures**

TITLE: Personnel Policies

SUBJECT: Employee and Applicant Screening

APPROVED BY: Frank Morast

### **PURPOSE:**

As we all know alcohol and drug abuse presents a major problem throughout our society today. It is the primary objective of Hospital Authority of Columbus, GA to safeguard the health and well being of our residents and employees, along with preserving the confidence placed in us by the people of our community. Substance abusing employees are considered to pose a threat to the welfare of residents and staff. Therefore, this substance abuse screening procedure has been developed to assist Hospital Authority of Columbus, GA in achieving a healthy and safe work place. Criminal records are also preformed on prospective employees to safeguard the workplace.

### **PROCEDURE:**

The use, possession, distribution or sale of alcohol or drugs anywhere on the facility property is prohibited and considered a willful violation of facility policy which can result in employee discipline up to and including termination.

### **APPLICABILITY:**

All employees, regardless of position or employment status, will be subject to alcohol and drug screening as a result of:

- A. Involvement in a serious work place accident or serious related incident as determined by the facility.
  1. A serious workplace accident is any accident resulting in lost time injury to the employee and/or involvement in an accident resulting in the lost time injury of another individual and/or property damage.
  2. A serious safety related incident is any incident presenting a substantial risk of lost time injury or property damage.
  3. A physical altercation between employees on the nursing home premises.
- B. Being identified as unfit for work as determined by the facility. Unfit for work involves identification of employee by designated facility personnel as not safely or competently performing their jobs and presenting unnecessary risk to themselves or others.

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- C. Reasonable grounds for believing an employee is either under the influence of or is improperly using alcohol or drugs in violation of policy.
- D. A follow-up to a drug rehabilitation program.

## **PROSPECTIVE EMPLOYEES / APPLICANTS:**

All prospective employees regardless of potential payroll status, will be required to undergo a physical examination which will include the following:

1. T. B. Skin Test
2. An authorized drug abuse screening test

The drug abuse screening test for applicant will be conducted at the laboratory office. An initial positive reading of the drug abuse screening test will automatically call for a second and immediate verification test. A confirmed positive reading in the second test will automatically terminate any further consideration for employment. All prospective employees will undergo a criminal records check. Conviction of crimes detrimental to the work environment will result in withdrawal of the employment offer. All results of drug abuse screening test and criminal records are considered property of Hospital Authority of Columbus, GA.

## **TEST FAILURE:**

All employees who test positive on the authorized abuse screening will be subject to disciplinary action up to and including termination. A confirmed positive result on a second verification will require the employee to be removed from their position until such time as negative screening result can be obtained. Upon returning to work, these employees may be required to undergo unannounced testing over a twelve (12) month period.

## **REFUSAL TO CONSENT TO TESTING:**

Refusal to consent to participate in any drug screening test or criminal records screening as required by this facility policy will subject the employee to immediate termination from employment or withdrawal of the employment offer.

Please sign stating that you have read and understand the information above

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## Pre-Employment Basic Aptitude Exam

Please circle the BEST answer for the questions below:

1. If you are working from 3pm until 11pm and get a 30 minute lunch break, how many hours will you be working? A) 7 ½ B) 9 C) 8 D)10
2. If each employee is asked to care for 10 residents and there are 6 employees working on that particular wing, how many residents are present on that wing? A) 60 B) 50 C) 10 D) 6
3. If you get a 30 minute lunch break and you begin your break at 11:20 what time should you be back at work?  
A) 11:30 B) 11:40 C) 11:50 D) 12:00
4. If you need 5 minutes to bathe each of your residents and you have 8 residents to bathe, how much of your time will you spend actually bathing residents?  
A) 30 minutes B) 1 hour C) 50 minutes D) 40 minutes

5. Fill in the blank below:

I am applying for employment at \_\_\_\_\_.

Azalea Trace     Cobis     Muscogee Home Health     Muscogee Manor     Orchard View

6. If trying to keep track of how much fluid your residents has consumed on one day, you find that the following is his/her liquid consumption for the day: 40ml of milk, 20 ml of orange juice, 80 ml of water and 120 ml of tea. Her total fluid intake would be: A) 260 ml B) 160 ml C) 200 ml D) 280 ml
7. Print your name in the upper left corner of this page.
8. Place your Signature in the upper right corner of this page.
9. Place today's date under your signature.