



Hospital Authority of Columbus, GA

8414 Whitesville Road
Columbus, GA 31904
(706) 225-1600

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: _____ Phone No. _____

Address: _____
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 yes, 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 (6:45a-3:15p) Second (2:45p-11:15p) Third (10:45p-7:15a)

How did you hear about our facility? Newspaper Friend : _____ Employment Agency Job Fair
Internet: Web Site Facebook Indeed.com Other: _____

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:

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

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:** _____