HOSPITAL AUTHORITY OF COLUMBUS

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

Application for Employment

(Please Print) Date _____

The company maintains and promotes equal opportunity for all employees and applicants for employment in accordance with relevant state and federal laws. We will not discriminate on the basis of race, color, religion, sex, sexual orientation, gender identification, national origin, age, military status, physical or mental disability unrelated to the ability to perform the essential functions of the position. The company will make all decisions regarding recruitment, hiring, promotions, reassignments, training and other terms and conditions of employment without unlawful discrimination.

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 ❑

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, ❑ Full-Time ❑ Part-Time ❑ PRN (Nursing ONLY)

What shifts are you available for? (Nursing Only) ❑ First (6:45a-7:15p) ❑ Second (6:45p-7:15a)

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

Education *(Evidence of completion may be required)*

School Level	Name and Location	Years Completed	Graduate: Y or N
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: _____

City: _____ State: _____ 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: _____

City: _____ State: _____ 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: _____

City: _____ State: _____ 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:** _____