

DODGE COUNTY HOSPITAL

901 Griffin Avenue
Eastman, GA 31023-4309
(478) 448-4106
(478) 448-4108 (FAX)

Date _____

This hospital is an equal opportunity employer. In compliance with provisions of all applicable State and Federal laws, every effort will be made to employ the most qualified individuals without regard to race, color, religion, sex, national origin, age or disability. This application must be completed in its entirety for the application to be considered for employment.

APPLICATION FOR EMPLOYMENT

(Please Print)

NAME: _____
(Last) (First) (Middle)

ADDRESS: _____
(Street) (City) (State) (Zip)

MAILING
ADDRESS: _____
(Street) (City) (State) (Zip)

SOCIAL SECURITY NUMBER: _____ PHONE NUMBER: _____

IN CASE OF
EMERGENCY NOTIFY: _____
(Name) (Relation)

(Address) (Phone Number)

ARE YOU AT LEAST 18 YEARS OLD? Yes ☐ No ☐

ARE YOU A U.S. CITIZEN OR AN ALIEN WHO HAS THE LEGAL RIGHT TO WORK IN THE JOB FOR WHICH YOU ARE APPLYING? Yes ☐ No ☐

(Pursuant to the Immigration Reform & Control Act of 1986, all applicants upon being made an offer of employment, must produce documents which are specified by the federal government, establishing their identity and authorization for employment in the United States.)

DO YOU HAVE A RELIABLE MEANS OF GETTING TO WORK? Yes ☐ No ☐

POSITION(S) DESIRED: _____ DATE AVAILABLE: _____

SHIFTS YOU CAN WORK: 7AM - 3PM ☐ 3PM - 11PM ☐ 11PM - 7AM ☐ 7AM - 7PM ☐ 7PM - 7AM ☐

WOULD YOU ACCEPT PART - TIME WORK? Yes ☐ No ☐ WOULD YOU ACCEPT TEMPORARY WORK? Yes ☐ No ☐

HAVE YOU EVER WORKED FOR DODGE COUNTY HOSPITAL? Yes ☐ No ☐ IF YES, WHEN AND IN WHAT DEPARTMENT? _____

WILL YOU WORK OVERTIME? Yes ☐ No ☐ (Hospital operations may require any employee to work weekends, holidays, and any shift.)

ARE YOU ABLE TO PERFORM THE ESSENTIAL JOB RELATED FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING FOR? Yes ☐ No ☐

SCHOOLS	NAME & LOCATION	DATE ATTENDED Month/Year Month/Year		YEARS COMPLETED	DIPLOMA/DEGREE	MAJOR COURSE OF STUDY
High School		From	To	9 10 11 12		
College or University		From	To	1 2 3 4		
Post Graduate		From	To	1 2 3 4		
Technical or Business		From	To	1 2 3 4		

(List in order, last or present employer first.)

EMPLOYER	<u>DATES</u> From To	Job Title
ADDRESS		Reason For Leaving
CITY STATE	<u>RATE OF PAY</u> Start Final	Work Performed
PHONE		
SUPERVISOR	May we Contact ? Yes <input type="checkbox"/> No <input type="checkbox"/>	

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PHONE		
SUPERVISOR	May we Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	

HAVE YOU EVER BEEN DISCHARGED FROM A JOB OR BEEN ASKED TO RESIGN? Yes ☐ No ☐

REFERENCES:

NAME _____ Home Phone # _____ Work Phone # _____
NAME _____ Home Phone # _____ Work Phone # _____
NAME _____ Home Phone # _____ Work Phone # _____

DO YOU HAVE ANY EXPERIENCE IN OTHER FIELDS THAN WHAT YOU HAVE APPLIED FOR?

☐ Medical Secretary ☐ Switchboard ☐ Maintenance ☐ Word Processor ☐ Lab Assistant ☐ Respiratory Therapy
☐ Nurse Assistant ☐ Receptionist ☐ Food Service ☐ PC ☐ X Ray ☐ Medical Terminology
☐ Insurance/Billing ☐ Credit/Collection ☐ Dictaphone ☐ Transcription ☐ Medical Assistant ☐ Other

PROFESSIONAL LICENSES AND CERTIFICATES:

TYPE	STATE	ISSUED	DATE	NUMBER
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Have you ever been convicted of a felony, CIVILIAN OR MILITARY? Yes No If yes, give dates and explanation. (Your answer will not necessarily bar you from employment.) Factors such as age, time of the offense, seriousness and nature of the violation, and subsequent rehabilitation, will be considered by the employer.

Do you understand that due to the nature of the service we provide, an exceptional record of attendance, promptness, and expendability is required of all employees? Yes ☐ No ☐

Do you understand that employment is contingent upon passing a Health Screening Examination, and satisfactory education, prior employment, and reference certification? Yes ☐ No ☐

I certify that the information I have provided is true and complete, and I understand that any misrepresentation or omission of fact is cause for the rejection of my application and my immediate discharge from employment. In making this application for employment, I understand that an investigative consumer report may be made, whereby information may be obtained through personal interviews with friends, neighbors, and others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics, and mode of living,. I understand that I have a right to make a written request within a reasonable time to receive additional, detailed information about the nature and scope of this investigative consumer report. In the event of work injury, the Hospital has my consent for such medical treatment or procedures as its staff and employees may deem necessary in emergency situations in an emergency unit. In the event I am photographed during the course of my employment, the Hospital has my permission to use any and all photos for various Hospital relations' purposes. I have read and understand the above statement.

Signature:_____

To Whom It May Concern:

I authorize Dodge County Hospital to contact my former employers and all other sources they see fit in order to verify the facts and information furnished with regard to my character and qualifications. I hereby release such employer or persons from any and all liability whatever nature on account of furnishing such information. I realize that I will not view or be informed of any portion of your reply.

Signature of Applicant

Date