

APPLICATION FOR EMPLOYMENT

Provide all information requested by printing in ink or typing. Application must be filled out in its entirety (dates, signature, phone etc.) to be considered. Any falsification or information purposely omitted may result in applicant not being considered or termination of employment. Application will be kept on file in the Human Resources (HR) Department for 120 days (4 months). After that time you must re-apply.

Appling HealthCare System is an "Equal Opportunity Employer"

GENERAL INFORMATION

Name (Last)	(First)	(Middle Initial)	Home Telephone/Cell #
Address (Mailing Address)	(City)	(State)	(Zip) Alternate #
S.S. #	Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you of legal age to work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been employed with our System? <input type="checkbox"/> Yes <input type="checkbox"/> No, If yes when and what department. _____ _____. Do you currently have any relatives working for our System? <input type="checkbox"/> Yes <input type="checkbox"/> No, if so please list relative names and department:			
Within the past <u>10 years</u> have you been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No. <u>Optional</u> If yes, when (date) and for what _____			
All prospective employees of Appling HealthCare System are subject to a criminal background check based upon the position and or facility in which they apply. The facilities are: Pavilion and Senior Care Unit. Additional departments outside of those facilities are: Pharmacy, Administration, HR, and IS			

POSITION

Position Or Type of Employment Desired	Will Accept:	Shift:
Are you able to perform the essential functions of the job you are applying for without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Full-time	<input type="checkbox"/> Day
	<input type="checkbox"/> Part-time	<input type="checkbox"/> Night
	<input type="checkbox"/> PRN	
Salary Desired: Annual _____ or Hourly _____	Date Available:	

VETERAN INFORMATION (Most recent)

Branch of Service:	Date of Entry	Date of Discharge
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SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)

EDUCATION AND TRAINING

High School Graduate or General Education (GED) Test Passed? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list the highest grade completed.				
College, Business School (Most recent first)				
Name and Location	Dates Attended Month/Year	Graduate	Degree & Year	Major or Subject
	From	<input type="checkbox"/> Yes		
	To	<input type="checkbox"/> No		
	From	<input type="checkbox"/> Yes		
	To	<input type="checkbox"/> No		
	From	<input type="checkbox"/> Yes		
	To	<input type="checkbox"/> No		

WORK EXPERIENCE (Most Recent First)

Employer	Telephone # ()	From (Month/Year)
Address		To (Month/Year)
Job Title	Number Employees Supervised	Hours Per Week
Specific Duties:		Last Salary
		Supervisor
Reason for Leaving:		May We Contact This Employer <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Telephone # ()	From (Month/Year)
Address		To (Month/Year)
Job Title	Number Employees Supervised	Hours Per Week
Specific Duties:		Last Salary
		Supervisor
Reason for Leaving		May We Contact This Employer <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Telephone # ()	From (Month/Year)
Address		To (Month/Year)
Job Title	Number Employees Supervised	Hours Per Week
Specific Duties:		Last Salary
		Supervisor
Reason For Leaving:		May We Contact This Employer <input type="checkbox"/> Yes <input type="checkbox"/> No

I certify the information contained in this application is true, correct and complete.

Signature of Applicant _____ **Date:** _____

Interviewer's Comments:

Results of Reference Check

Company	Date	Employment Verified____	Eligible for Rehire____	Additional Comments:
Company	Date	Employment Verified____	Eligible for Rehire____	Additional Comments:
Company	Date	Employment Verified____	Eligible for Rehire____	Additional Comments:
Personal Reference Name:_____ Comments:_____				
Name:_____ Comments:_____				

If applying for CNA or a Mental Health Tech: Please answer the following questions.

How would you handle a combative patient/resident?_____
What is your perception (thoughts) with assisting patients/residents with personal hygiene?_____
How do you feel about death and dying?_____
Explain what a team player is and how do you feel about working as a team member?_____
What do you like most about being a CNA or MHT?_____
Additional Comments:_____

If Applying for Clerical or Clinical (RN, LPN, Technician, et.): Please answer the following questions:

How can your relevant accomplishments be applied to this organizations needs and goals? _____
What expectations do you have of this position? _____
Why should we consider you for this position? _____
What is the most difficult situation you have encountered on a job? _____
Additional Comments: _____

Appling HealthCare System (AHCS) Application Agreement: I hereby certify that the answers given by me to the forgoing questions and statements are true and correct without consequential omissions of any kind. I agree the AHCS shall not be liable in any respect if my employment is terminated because of the falsifying of statements, answers, or omissions made by me on the application.

I grant permission to check my references regarding my employment or educational credentials and related matters. I understand that this information will be used solely for the purpose of determining my qualifications for employment. I hereby release from liability all previous employers, educational institutions and named personal references for releasing this information to AHCS. I also release AHCS from liability in using this information in making employment decisions.

I also understand and agree that as a condition of becoming employed, I will be required to pass a pre-employment drug/alcohol test. As an inducement for consideration of my application, I hereby consent to said tests and procedures and release AHCS, and any laboratory or laboratory personnel (whether or not employed by Appling), from all liability which might arise from their administration of such tests, including their reporting of the results of any such procedures to AHCS.

I further understand and agree that if hired, my employment is at will, for no definite period of time, that it may be terminated at any time and that my employer may unilaterally change any term or condition of employment (including wage rates or benefits described in any handbook, job description or administrative manual) either with or without prior notice to me and that such changes will become effective and shall govern my employment rights as soon as they are adopted. In addition, if accepted for employment, I agree to abide by the rules and policies of AHCS.

Name: _____ Signature: _____ Date: _____