



GEORGIA MOUNTAINS

HOSPICE

Mail to:

Georgia Mountains Hospice
Human Resources Department
70 Caring Way
Jasper, GA 30143

Employment Application

DO NOT WRITE "SEE RESUME" ANYWHERE ON THIS DOCUMENT.

SIGN & DATE ON LAST PAGE

Name: _____ SS#: _____
Last First MI

Address: _____

City/State: _____ Zip: _____ County: _____

Home Phone: _____ Cell Phone: _____

Position Desired: _____ Date Available: _____

Desired Schedule: Full Time Weekends Part Time/PRN On Call Other _____

Desired Location: NORTH TEAM: Gilmer, Fannin & Union Counties
 SOUTH TEAM: Cherokee, Pickens, & Dawson Counties
 NORTHWEST TEAM: Murray, Whitfield, & Gordon Counties
 Any location needed Float

Auto Available? Yes No Do you have a drivers' license in good standing? Yes No

Referral Source: Advertisement Employee Relative Walk-in Other

Name of Source (if applicable): _____

EDUCATION:

High School Name: _____

City/State: _____ Years Completed: 1 2 3 4

Did you Graduate? Yes No GED Equivalent? _____

College Name: _____

City/State: _____ Years Completed: 1 2 3 4

Did you Graduate? Yes No Degree/Major: _____

Other (specify): _____

City/State: _____ Years Completed: 1 2 3 4

Did you Graduate? Yes No Course of study: _____

SKILLS

List any special qualifications or skills (including computer): _____

License/Certificate (RN, LPN, CNA, CPR, etc.)

TYPE	Issued By (state)	License #	Expiration Date

Employment information must be complete in order to process the application. Your employment history will be verified.
Please list all previous employment, beginning with your *current or most recent position*.

EMPLOYMENT HISTORY

CURRENT OR MOST RECENT

Name of Employer: _____
Address: _____
City/State: _____ Zip _____ Phone: _____
Name of Supervisor: _____ Title: _____
Length of employment: _____ Years/Months Job Title: _____
From: _____ To: _____ Average Hours Worked/Week: _____
Salary: _____ Hourly Wage: _____
Reason for leaving: _____
Description of duties and responsibilities: _____

NEXT MOST RECENT

Name of Employer: _____
Address: _____
City/State: _____ Zip _____ Phone: _____
Name of Supervisor: _____ Title: _____
Length of employment: _____ Years/Months Job Title: _____
From: _____ To: _____ Average Hours Worked/Week: _____
Salary: _____ Hourly Wage: _____
Reason for leaving: _____
Description of duties and responsibilities: _____

NEXT MOST RECENT

Name of Employer: _____
Address: _____
City/State: _____ Zip _____ Phone: _____
Name of Supervisor: _____ Title: _____
Length of employment: _____ Years/Months Job Title: _____
From: _____ To: _____ Average Hours Worked/Week: _____
Salary: _____ Hourly Wage: _____
Reason for leaving: _____
Description of duties and responsibilities: _____

Attach additional pages as needed

PLEASE ANSWER ALL QUESTIONS

Are you a citizen of the United States of America? Yes No
If NOT a US citizen, what is your US status? _____
From what Country are you a citizen? _____
What is your resident alien number (if any) _____
What is your US Visa Type? _____

Within the last five years, has your employment been involuntarily terminated for any reason? Yes No

Within the last five years, have you been unemployed for any period of time? Yes No

If you answered "yes" to any of the above questions, please provide detailed information in the area provided below:

Before answering the following question, please note that you may omit any traffic violation for which you paid \$50.00 or less and any offense committed before your 18th birthday which was adjudicated in a juvenile court or under a Youthful Offender Law.

Have you ever been convicted of an offense against the law or forfeited collateral, or are you now under charges for any offense against the law? Yes No If you answered "yes, please provide detailed information below:

Date	Charge	Place	Type of Court	Disposition

DRUG FREE WORKPLACE

In order to provide a safe workplace and insure the best possible care for our patients, this is a Drug-Free Workplace. All applicants, following an offer of employment, will be screened for the use of illegal substances. A confirmed positive test result will result in a withdrawal of the offer of employment. An applicant whose tes results are positive shall not be considered again for employment for one year.

Personal References

List three persons, not related to you, who have known you for at least two years and could provide a personal reference for you.

Please give complete information.

Name of Person: _____ Business or Occupation: _____

Address: _____

City/State _____ Zip: _____

Home Phone: _____ Other Phone: _____

Name of Person: _____ Business or Occupation: _____

Address: _____

City/State _____ Zip: _____

Home Phone: _____ Other Phone: _____

Name of Person: _____ Business or Occupation: _____

Address: _____

City/State _____ Zip: _____

Home Phone: _____ Other Phone: _____

This Equal Opportunity Employer considers all applicants regardless of race, creed, color, religion, sex, national origin, or disability.

Pre-Employment Statement

I certify that the information given by me in this application is true and correct without omissions of any kind. I authorize an inquiry to be made into the information contained in this application if I am considered for employment. I also agree to submit to a medical examination and a drug screening as a condition of employment, if requested.

I authorize former employers and education institutions named herein to give information about me. I hereby release them from all liability for issuing such information. I hereby waive any privilege I have to such information.

I understand that employment is subject to the policies and regulations of the agency, and submitting documentary proof of identity and legal authorization to work in the United States as required.

I understand and acknowledge that if any misrepresentation or omission of material facts has been made by me, or if the results of an investigation is not satisfactory for any reason, consideration, offer, or actual employment by the agency may be terminated immediately without obligation or liability to me other than payment at the rate agreed upon for service actually rendered, if any.

I understand that nothing contained in this employment application or in the granting of an interview, and no agency policies, procedures, or handbooks that I might receive are intended to create an employment contract between the agency and myself for either employment or for the providing of any benefit.

Applicant's Signature

Date

This application must be completed in full and signed to be considered. It becomes inactive after six months. If you are not contacted within that time period you must reapply to be considered.