



APPLICATION FOR EMPLOYMENT

Please complete this form by typing or printing in ink.

GENERAL INFORMATION

Last Name	First Name	Middle Initial	Date of Application
Home Phone	Cell Phone	E-mail Address	
Current Address (Street number and name)		Apt. #	City, State, Zip Code
Are you legally eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of a law violation (other than minor traffic violations)? A "yes" response does not disqualify you from employment, since the nature of the offense, date, and the job for which you are applying will be considered. <input type="checkbox"/> No <input type="checkbox"/> Yes, please explain:			
Are you currently employed or engaged in any other business? <input type="checkbox"/> No <input type="checkbox"/> Yes, please explain:			
Have you ever applied here before? <input type="checkbox"/> No <input type="checkbox"/> Yes, please explain:			
Were you ever employed here before? <input type="checkbox"/> No <input type="checkbox"/> Yes, please explain:			

POSITION INFORMATION

Position Applied For: For which position do you wish to apply?	Desired Salary
Employment Type Desired: Mark all that apply. <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary <input type="checkbox"/> Other _____	Location Desired: <input type="checkbox"/> Savannah <input type="checkbox"/> Bluffton <input type="checkbox"/> Beaufort <input type="checkbox"/> Brunswick/St. Mary's <input type="checkbox"/> Jesup
Reasonable Accommodation: Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Available: When are you available to begin work?	

EDUCATION AND TRAINING

Type of School	Name and Location (City, State)	Years Attended		Graduated?		Degree/Major
		To	From	Yes	No	
High School				<input type="checkbox"/>	<input type="checkbox"/>	
College				<input type="checkbox"/>	<input type="checkbox"/>	
Graduate School				<input type="checkbox"/>	<input type="checkbox"/>	
Nursing School				<input type="checkbox"/>	<input type="checkbox"/>	
Vocational School				<input type="checkbox"/>	<input type="checkbox"/>	
Technical School				<input type="checkbox"/>	<input type="checkbox"/>	
Other				<input type="checkbox"/>	<input type="checkbox"/>	

Skills and Training: What skills or additional training do you have that are related to the job for which you are applying?

Equipment: Please list any machines or equipment you can operate that are related to the job for which you are applying?

Foreign Language: List any languages other than English in which you are fluent, and select whether written or spoken fluency.

Language	Written	Spoken
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Occupational Licenses/Certifications: Please list any licenses or certifications you have earned.

Type	Number	Where Issued	Expiration Date

WORK EXPERIENCE (List the most recent first, including any military experience.)

PLEASE ANSWER ALL QUESTIONS, DO NOT WRITE – SEE RESUME

Employer Name		Employer Phone		From (Month/Year)
Employer Address (Street number and name)		City	State	Zip Code
Job Title		Reason for Leaving: Explain why you left this job.		
Direct Supervisor		Supervisor Title		
Starting Rate of Pay	Final Rate of Pay	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Responsibilities and Duties: Please briefly describe your specific responsibilities and duties.				
Employer Name		Employer Phone		From (Month/Year)
Employer Address (Street number and name)		City	State	Zip Code
Job Title		Reason for Leaving: Explain why you left this job.		
Direct Supervisor		Supervisor Title		
Starting Rate of Pay	Final Rate of Pay	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Responsibilities and Duties: Please briefly describe your specific responsibilities and duties.				

WORK EXPERIENCE (CONT'D)

Employer Name		Employer Phone		From (Month/Year)
Employer Address (Street number and name)		City	State	Zip Code
Job Title		Reason for Leaving: Explain why you left this job.		
Direct Supervisor		Supervisor Title		
Starting Rate of Pay	Final Rate of Pay	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Responsibilities and Duties: Please briefly describe your specific responsibilities and duties.				
Employer Name		Employer Phone		From (Month/Year)
Employer Address (Street number and name)		City	State	Zip Code
Job Title		Reason for Leaving: Explain why you left this job.		
Direct Supervisor		Supervisor Title		
Starting Rate of Pay	Final Rate of Pay	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Responsibilities and Duties: Please briefly describe your specific responsibilities and duties.				

GENERAL

IF YOU ARE A REGISTERED NURSE, PLEASE INDICATE IF YOU HAVE A CURRENT GEORGIA OR SOUTH CAROLINA LICENSE IN GOOD STANDING AT THE TIME OF COMPLETING THIS APPLICATION? _____ YES _____ NO	
IS YOUR BLS/ACLS CERTIFICATION CURRENT? _____ YES _____ NO	
U.S. MILITARY OR NAVAL SERVICE	RANK

REFERENCES

GIVE BELOW THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	NAME	COMPANY	PHONE/EMAIL	YEARS ACQUAINTED
1				
2				
3				

EMERGENCY CONTACTS

	NAME	RELATIONSHIP	PHONE/EMAIL	YEARS ACQUAINTED
1				
2				

AUTHORIZATION

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF I BECOME EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.”

DATE _____ SIGNATURE _____