



# Application for Employment

Heart of GA Hospice, Inc.  
103 Westridge Drive Warner Robins, GA 31088  
Phone (478) 953-5161 Fax (478) 953-5232

Today's Date: \_\_\_\_\_

**Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.**

**Please Print**

Name: \_\_\_\_\_ Soc Sec No.: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street City State Zip

Telephone No.: (\_\_\_\_) \_\_\_\_\_ Other Phone No.: (\_\_\_\_) \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

**Referral Source** (please check the appropriate category and name of source)

- |  |  |
|--|--|
| <input type="checkbox"/> Walk-In _____           | <input type="checkbox"/> School _____          |
| <input type="checkbox"/> Employee _____          | <input type="checkbox"/> Job Fair _____        |
| <input type="checkbox"/> Advertisement _____     | <input type="checkbox"/> Staffing Agency _____ |
| <input type="checkbox"/> Company's Website _____ | <input type="checkbox"/> Outdoor Sign _____    |
| <input type="checkbox"/> Other Internet _____    | <input type="checkbox"/> Other _____           |

Type of Employment desired?  Full Time  Part Time  Temporary

For which schedule are you available?  Weekdays  Weekends  Evenings  Other \_\_\_\_\_

Will you travel if job requires it?  Yes  No

Will you work overtime if required?  Yes  No

If you are under 18 and it is required, can you furnish a work permit?  Yes  No

Have you submitted an application with us before?  Yes  No  
If so, when \_\_\_\_\_

Have you ever been employed with us before?  Yes  No  
If so, when \_\_\_\_\_  
 No

Date available to start work? \_\_\_\_\_

Please note: your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are critical.

**PREVIOUS EMPLOYERS:**

\_\_\_\_\_( )\_\_\_\_\_  
Company Telephone No.

\_\_\_\_\_  
Street City State

\_\_\_\_\_  
Job Title Supervisor

Dates Employed: From: _____ / _____ Month Year To: _____ / _____ Month Year
---

Starting Salary Ending Salary Reason For Leaving

Describe Duties Performed: \_\_\_\_\_

May we contact for reference check?  Yes  No  Later

\_\_\_\_\_( )\_\_\_\_\_  
Company Telephone No.

\_\_\_\_\_  
Street City State

\_\_\_\_\_  
Job Title Supervisor

Dates Employed: From: _____ / _____ Month Year To: _____ / _____ Month Year
---

Starting Salary Ending Salary Reason For Leaving

Describe Duties Performed: \_\_\_\_\_

May we contact for reference check?  Yes  No  Later

\_\_\_\_\_( )\_\_\_\_\_  
Company Telephone No.

\_\_\_\_\_  
Street City State

\_\_\_\_\_  
Job Title Supervisor

Dates Employed: From: _____ / _____ Month Year To: _____ / _____ Month Year
---

Starting Salary Ending Salary Reason For Leaving

Describe Duties Performed: \_\_\_\_\_

May we contact for reference check?  Yes  No  Later

**EDUCATIONAL BACKGROUND:**

School (Address, City, and State)	Years Completed	Major/Minor	Degree
_____ / _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
School (Address, City, and State)	Years Completed	Major/Minor	Degree
_____ / _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
School (Address, City, and State)	Years Completed	Major/Minor	Degree
_____ / _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

**JOB RELATED EXPERIENCE:**

List any and all additional experience that you feel will be relevant to the position you are applying for. Example: computer applications, specialized certification, specialized training, etc. Give complete details.

---



---



---



---

**PROFESSIONAL REFERENCES:** List only professional references; not family or friends

Name	Address/ Phone Number	Relationship to You	Year Known
_____	_____	_____	_____
Name	Address/ Phone Number	Relationship to You	Year Known
_____	_____	_____	_____
Name	Address/ Phone Number	Relationship to You	Year Known
_____	_____	_____	_____

**SECURITY INFORMATION:**

Have you been convicted of a felony in the past seven (7) years?  Yes  No If so, when? \_\_\_\_\_

Have you used any names or Social Security Numbers other than those given above?  Yes  No If so, what name or SSN? \_\_\_\_\_

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in the application, whether on this document or not, may result in rejections of my application or discharge at any time during my employment. I authorize all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

\_\_\_\_\_ Applicant Signature \_\_\_\_\_ Date

**PLEASE COMPLETE THE FOLLOWING:**

**Release Authorization for Background Check**

1. In connection with my application for employment or volunteering, I understand that an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reason for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: workers compensation injuries, driving record, court record, education, credentials, credit, and references.
2. Medical and workers compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be notified and given the name and address of the agency or the source which provided the information.
3. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state, and county agencies.
4. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company to furnish this information described in Section 1.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purpose. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the request for or release of any of the above mentioned information or reports.

**Please Print**

_____	_____	_____
Last Name	First Name	MI

Please print any other names you have used: \_\_\_\_\_

\_\_\_\_\_

Home Address

_____	_____	_____
City	State	Zip Code

_____	_____
Social Security Number	Date of Birth

The following states require Sex and Race: AL, AR, FL, GA, IA, IN, MI, OR, TX, WI

Sex:             Male             Female  
Race:            Asian             Black             Hispanic             White             Other

_____	_____
Driver's License Number	State issuing license

\_\_\_\_\_

Name as it appears on license

_____	_____
Signature	Date