



Excellence in Service

MEMORIAL HOSPITAL AND MANOR

Attention: Human Resources

1500 East Shotwell Street

Bainbridge, Georgia 39819

Phone: 229-243-6161

Fax: 229-243-3340

Email: hr@mh-m.org

APPLICATION FOR EMPLOYMENT

This application can be used for any of our locations, which includes but is not limited to the following:

Memorial Hospital, Memorial Manor, Willow Ridge Assisted Living Facility, Memorial Medical Center, Health Check Services, Employed Physician Offices, and etc.

This application is to be used for employment consideration with Memorial Hospital and Manor and any of its entities. This is a general application that will be considered for all positions for which you may be qualified. Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, or disability.

Today's Date:

Date updated:

Social Security #:

PERSONAL INFORMATION

Name: _____
Last First Middle Maiden

Address: _____

Telephone Number:

Alternate Number:

Fax Number:

Email address:

EMPLOYMENT ELIGIBILITY

Are you related to anyone employed at any of our facilities? YES NO

If yes to above, please list names and relation to you. _____

Have you ever been employed at any of our facilities? YES NO

If yes, when, department, position and under what name. When: _____
Department: _____ Position: _____
Under what name: _____

Will you have reliable means of transportation, to and from work? YES NO

EMPLOYMENT ELIGIBILITY CONTINUED	Are you at least 18 years old, if not work permit may be required.	YES	NO
	Are you prevented from lawfully becoming employed in this country because of Visa or Immigration? Notice: Proof of citizenship or immigration status may be required upon employment.	YES	NO
	In the past 10 years, have you been convicted of a crime except for minor traffic violations? A Criminal Background Report is required as a condition of employment.	YES	NO
	If yes to above, list date(s) of occurrence(s) and charge(s) filed. Date(s): _____ Charge(s): _____ Comments: _____		
	Are you a Veteran of U.S. military service?	YES	NO
	If yes, give branch and type of separation. Branch: _____ Type and Date of Separation: _____		

POSITION DESIRED	What type of position: (i.e. Clerical, Radiology, Nursing, etc.)				
	Special job title or position name: (LDRP RN, Manor CNA)				
	What type of employment:	Regular Full-time	Regular Part-time	Regular PRN	Summer
		Temporary Full-time	Temporary Part-time	Temporary PRN	Any
	Shift desired:	Days (7am-3pm, 7am-7pm, 8am-5pm)		Evenings (3pm-11pm)	
		Nights (11pm-7am, 7pm-7am)		Any shift	
	What is your salary range requirement?:				
What day would you be available to start work?:					
How did you hear about our opening? (Newspaper, friend, etc.)					

EDUCATION	Name of High School Attended:		Highest Grade Completed:		
	Did you graduate?		YES	NO	
	If you did not graduate from High School, did you obtain your G.E.D.?		YES	NO	
	Beyond High School, any Colleges, Universities, Trade Schools, etc. should be listed below:				
	Name of Institution	Dates Attended	Years Completed	Type of Degree or Diploma	Major of study
Are you currently enrolled in school? If yes, where and course of study. Where: _____ Major: _____				YES	NO
Any additional courses, workshops, or training seminars, etc. _____ _____ _____					

CERTIFICATES AND LICENSES	Type of License	State	Date expires:	License, Certification, or Registration #:
Has your license to practice in any state ever been challenged, denied, limited, suspended, revoked, or relinquished? If yes, please explain.				YES NO

SKILLS	List any skills or abilities that you have mastered. For example, typing, computer, dictation, clinical, and etc.

EMPLOYMENT HISTORY INFORMATION	Are you currently employed?	YES NO
	If yes, may we contact your present employer for a work reference?	YES NO
	Have you ever been discharged from an employer or has it ever been requested that you resign from an employer?	YES NO
	If yes, please explain. _____	

	Beginning with most recent employer, please list present and past employers in the spaces Provided.	
	Employer: _____ Address: _____ Telephone #: _____ Name of Supervisor: _____ Job title and duties: _____ Reason for leaving: _____	Dates employed: From _____ Through _____ Salary range: Beginning _____ Ending _____
Employer: _____ Address: _____ Telephone #: _____ Name of Supervisor: _____ Job title and duties: _____ Reason for leaving: _____	Dates employed: From _____ Through _____ Salary range: Beginning _____ Ending _____	

EMPLOYMENT HISTORY INFORMATION CONTINUED

Employer: _____
 Address: _____
 Telephone #: _____ Name of Supervisor: _____
 Job title and duties: _____
 Reason for leaving: _____

Dates employed:
 From _____
 Through _____
 Salary range:
 Beginning _____
 Ending _____

Employer: _____
 Address: _____
 Telephone #: _____ Name of Supervisor: _____
 Job title and duties: _____
 Reason for leaving: _____

Dates employed:
 From _____
 Through _____
 Salary range:
 Beginning _____
 Ending _____

Employer: _____
 Address: _____
 Telephone #: _____ Name of Supervisor: _____
 Job title and duties: _____
 Reason for leaving: _____

Dates employed:
 From _____
 Through _____
 Salary range:
 Beginning _____
 Ending _____

Please explain any gaps in employment or make any other comments regarding your work history. _____

PERSONAL REFERENCES

Please list the names, addresses, and telephone numbers of three personal references below. These references can not be related to you and must be available for contact.

Name	Address	Telephone Number

REFERENCE WAIVER

I hereby authorize any or all of my former employers (individuals, companies, hospitals, institutions, or others) to furnish Memorial Hospital and Manor in Bainbridge, Georgia any information concerning my employment history that they have on record. I also hereby release these former employers and all individuals associated with them from all liability for any damage incurred in furnishing such information.

Signature: _____ Date: _____

EMPLOYER STATEMENT

Memorial Hospital and Manor is an equal opportunity employer and selects the best matched individual for the job based upon job related qualifications, regardless of race, color, sex, national origin, age, disability, or any other protected groups under state or federal Equal Employment Opportunity Laws.

Memorial Hospital and Manor believes that everyone who comes here as a patient, guest, or fellow employee is entitled to a safe and drug-free environment. As one of the conditions of employment at this facility, you will be asked to submit to a pre-employment physical that includes a drug-screen and/or blood alcohol test. The results of these tests will be held as confidential and limited to those on a need-to-know basis. For safety reasons, a criminal background check will be part of the pre-employment screening process. The results of the record check will also be held as confidential and limited to those on a need-to-know basis. Please be advised that during the course of your employment, you may be asked to again submit to a drug screen, blood alcohol test, and/or criminal background check on a random basis and/or for reasonable cause. This statement is an acknowledgement of the above conditions.

By signing this statement, you understand these conditions and agree to submit to these conditions of employment and continued employment. I sign this statement with the full understanding of what this statement says and of my own free will.

Signature:

Date:

Witness:

Date:

APPLICANT'S STATEMENT AND AGREEMENT

I understand and agree to the following:

1. Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of employment, or if employed termination from employment.
2. It is my understanding that Memorial Hospital and Manor will make a thorough investigation of my work and personal history and may verify all data given in my application for employment, related papers, and/or oral interviews. I expressly release Memorial Hospital and Manor and the former employers named on this application, their successors or assigns, from any liability of whatever nature arising out of or on account of the furnishing of information or opinion concerning my employment pursuant to this authorization. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if employed, may subject me to immediate dismissal.
3. I agree that Memorial Hospital and Manor may terminate my employment at any time without liability for wages or salary except such as may have been earned at the date of such termination. If requested by this facility at any time, I agree to submit to the search of my person or of any locker that may be assigned to me, and I hereby waive all claims for damages on account of such examination. I agree to submit to a physical examination and understand that my employment is a "conditional decision to hire" and is subject to a medical examination conducted by the Employee Health Nurse. If the medical examination proves that I am unable to perform the essential duties involved in my job, I understand that I am subject to termination. If employment is obtained under this application, I will comply with all orders, rules, and regulations of this facility. I understand that this facility reserves the right to perform drug screen testing, blood alcohol testing, criminal record testing, or any other testing as deemed necessary by this facility. I understand such testing shall be a condition of employment, and any positive findings may preclude employment at this facility. I give my consent to such tests.
4. Although this facility makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, shift work, rotating work schedule, a work schedule other than Monday through Friday, and etc. I understand and accept these as conditions of my continuing employment.
5. I further understand that this is an application for employment, that no employment contract is being offered, and that this facility is an "At-Will" employment facility.
6. I understand that if I am employed, such employment is for an indefinite period of time and that Memorial Hospital and Manor can change wages, benefits, and conditions at any time. Such employment may be terminated at the will of myself or Memorial Hospital and Manor at anytime.
7. I further understand that if hired, I will be on a probationary period as outlined in the Personnel Policies and Procedures.
8. By signing this statement below, I acknowledge that I have read, understood, and accept the above terms and conditions.

Signature:

Date:

Witness:

Date:

EMPLOYMENT VERIFICATION SHEET

Applicant's Name: _____

Social Security #: _____

The above person has applied for employment with our facility and is claiming to have been employed by your facility during the period shown below. Please verify as much information requested as possible and return the information to:

Memorial Hospital and Manor
 Attention: Human Resources
 1500 East Shotwell Street
 Bainbridge, Georgia 39819

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 email: hr@mh-m.org

Please be assured that all information received will be treated as highly confidential. We thank you for your cooperation and assistance in this matter.

The applicant states the following:

Date of employment: _____ Date of termination: _____

Reason for leaving: _____

Department and Position: _____

Please verify the following:

Applicant's actual dates of employment: _____

Department and Position: _____

Reason for Leaving: _____

Is applicant eligible for re-employment? _____

QUALIFICATIONS	EXCELLENT	GOOD	FAIR	POOR
Quality of Work				
Dependability and Attendance				
Initiative				
Ability to Organize				
Safety Habits				
Cooperation with others				
Interest and Enthusiasm				
Conduct and Appearance				
Overall Performance				

Please list any additional facts regarding disciplinary record, absenteeism, performance evaluations, recommendations, etc. _____

Employer: _____

Address: _____

Telephone #: _____

Person verifying information: _____

Title and department: _____

Signature: _____

Date: _____