



**North Georgia Medical Center
& Gilmer Nursing Home**

Southern Health Corporation of Ellijay, Inc.
d/b/a North Georgia Medical Center & Gilmer Nursing Home
Post Office Box 2239
Ellijay, GA 30540

APPLICATION FOR EMPLOYMENT—AN EQUAL OPPORTUNITY EMPLOYER

North Georgia Medical Center & Gilmer Nursing Home (NGMC & GNH) maintains a policy of the treating of all employees and applicants for employment without regard to race, color, religion, national origin, gender, age, disability, marital status, veteran status, sexual orientation, citizenship or any other characteristic protected by law in all employment decisions, including but not limited to recruitment, hiring, compensation, training, promotion, upgrading, demotion, downgrading, transfer, lay-off, termination and all other terms and conditions of employment.

Application for Hospital

Application for Nursing Home

Position applied for: _____ **Date of application:** _____

Name _____
(Last) (First) (Mi)

Social Security Number _____ **Telephone Number** _____

Current Address: _____

If you have lived at the above address less than 12 months, list previous address:

Previous Address: _____

Are you at least 18 years old? Yes No

Do you have adequate means of transportation to get to work on time each day and when called in on short notice? Yes No

Have you ever been arrested, detained or convicted of a violation of any law or ordinance? (other than juvenile delinquency) Yes No

If yes, please explain date, place, and nature of such conviction or pending charge: _____

(The existence of a conviction or pending charge will not necessarily be a bar to employment. The nature of the crime, the degree of rehabilitation of the applicant and the time elapsed since the crime or release from confinement, and the position applied for will all be taken into consideration.)

Do you currently have unrestricted work authorization allowing you to accept employment in the United States? Yes No

Can you, with or without reasonable accommodation, perform the essential functions of the position in which you are interested? Yes No

Date you can begin work: _____

Are you willing to work days? Yes No

Are you willing to work evenings? Yes No

Are you willing to work nights? Yes No

Are you willing to work weekends? Yes No

Do you desire part-time work, full-time work, or prn or 'as needed' work _____

Are you willing to work overtime when scheduled or requested? Yes No

Have you ever been employed by NGMC or GNH? Yes No

If yes, give the position and dates worked: _____

Business machines and/or hospital equipment you can operate (key punch machine, typewriter, computer, billing machine, x-ray or other medical equipment):

List any educational, vocational and/or professional information, such as special areas of research or study, training, fluent spoken languages etc., that are relevant to your application here: _____

Long range occupational goals:

How did you learn of us? _____

Did anyone refer you here for employment purposes? _____ If so, who? _____

Do you have any relative(s), or persons with whom you are involved in a close personal relationship, employed here already? If so, list name and relationship: _____

EDUCATIONAL BACKGROUND:

Level	Did you Graduate? List diploma or degree	Years Attended From/To	Name of school and location	Course of Study
High School				
College				
School of Nursing				
Technical or Business				

Amount of education necessary will vary according to job applied for.

Professional Licenses and Certifications				
TYPE	STATE	ISSUED	DATE	NUMBER

Please list any paid or volunteer experience in your community: _____

EMPLOYMENT HISTORY:

List all previous employers for whom you have worked during the last 10 years. Start with most recent employer first. List ALL positions held during this time. Accuracy of this information is essential. If not completed in full, your application will not be considered.					
Name & Address of Employers (Start with most recent)	Month & Year	Starting & Ending Salary	Describe Duties Performed	Type of Business	Reason for Leaving
1.	From To				
Phone #	Title	Supervisor	May we contact?		
2.	From To				
Phone #	Title	Supervisor	May we contact?		
3.	From To				
Phone #	Title	Supervisor	May we contact?		
4.	From To				
Phone #	Title	Supervisor	May we contact?		

Comments regarding lapses (if applicable):

Have you ever been terminated or asked to resign from any prior employment? Yes No

If yes, please explain. _____

PROFESSIONAL REFERENCES	
NAME	TELEPHONE NUMBER
1.	
2.	
3.	

PERSONAL REFERENCES	
NAME	TELEPHONE NUMBER
1.	
2.	
3.	

I certify that all the information submitted by me on this application is true and complete, and I understand that any false information or omissions will lead to rejection of my application or, if I am employed, disciplinary action up to and including termination at the time such false information or omissions are discovered.

I authorize investigation of all statements contained in this application, and authorize North Georgia Medical Center & Gilmer Nursing Home (NGMC & GNH) to secure information about my background and experience with former employers, education institutions and any relevant agencies, and authorize those parties to provide information to NGMC & GNH concerning my background and experience. I release NGMC & GNH, and all parties providing information to them about my background and experience, from any liability whatsoever arising there from.

My signature below certifies that I understand that if I am extended an offer of employment by NGMC & GNH, my employment is contingent upon satisfactory completion of a medical examination, including a drug test, and submission of proof that I have the credentials and/or licenses (if relevant) necessary for the position that I am offered.

I understand that if I am employed, my employment with NGMC & GNH may be terminated for any reason, with or without cause or notice, and at any time either with or without notice, by me or the hospital/nursing home. I understand that this application is only valid for the position applied for at present and that NGMC & GNH is not obligated to retain or consider this application for future openings. Further, I understand and agree that any employee handbook, which I may receive, will not constitute an employment contract, but will merely be a gratuitous statement of the hospital or nursing home's current policies.

I understand that the hospital/nursing home reserves the right to require its employees to submit to blood tests or urinalysis for alcohol or drug screens, or to allow inspection of bags (including purses or briefcases) or parcels brought into or taken out of the hospital. I understand that refusal to submit to a urinalysis, blood test or search, when requested to do so, may result in termination of my employment. I further understand and agree that NGMC & GNH's acceptance of this application for employment does not obligate the hospital/nursing home to offer me employment.

Applicant Signature _____ **Date:** _____