

WARM SPRINGS

Medical Center



HOSPITAL USE ONLY

Application Date: _____
 Interview Date: _____
 Offer Date: _____
 Shift: _____ Status: _____
 Returned To: _____
 Hourly Base: _____
 Start Date: _____

P.O. Box 8, 5995 Spring Street • Warm Springs, Georgia 31830 • (706) 655-3331 • An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

To The Applicant: Federal and State law prohibits discrimination in employment practices because of race, color, religion, sex, age, national origin, or disability. No question on this application is asked for the purpose of limiting or excluding any applicant's consideration of employment on the basis of the above. We appreciate your interest in Warm Springs Medical Center, and we are sincerely interested in your qualifications. Please be advised that all employees at Warm Springs Medical Center undergo a drug screen and criminal record check prior to beginning employment.

PLEASE PRINT IN BLACK OR BLUE INK (If requested information is not available or if it is unknown, please so indicate)

NAME (Last)	(First)	(Middle)	(Maiden)	SOCIAL SECURITY #
PRESENT ADDRESS (Number and Street)				HOME PHONE ()
City, State, Zip Code			HOW LONG?	BUSINESS PHONE ()
JOB DESIRED	FACILITY/LOCATION		RATE OF PAY EXPECTED	
Indicate Desired Status: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> OTHER				
Indicate Shift Availability		HAVE YOU WORKED HERE BEFORE?		EARLIEST DATE AVAILABLE:
<input type="checkbox"/> ANY <input type="checkbox"/> DAY <input type="checkbox"/> EVENING		<input type="checkbox"/> YES → WHEN: _____		
<input type="checkbox"/> NIGHT <input type="checkbox"/> WEEKEND		<input type="checkbox"/> NO DEPARTMENT?: _____		
		SUPERVISOR?: _____		

MISCELLANEOUS REQUIRED INFORMATION (Please answer all questions carefully)

Have you ever pleaded nolo contendere or guilty to or been convicted of a felony or a misdemeanor in the past ten (10) years? Conviction will not necessarily bar you from employment.

YES NO If yes, explain _____

If you are applying for a position in which you would be operating a motor vehicle for WSMC, have you ever been convicted of a traffic violation?

YES NO If yes, explain _____

Are you related to anyone employed by us? YES NO If Yes, give name and relationship: _____

Have you ever been discharged or resigned in lieu of being discharged by an employer? YES NO If yes, explain _____

How were you referred to Warm Springs Medical Center? (Please Specify)

Newspaper Ad Posting Professional Publication Personal Contact Other _____

EDUCATION

HIGH SCHOOL: (Circle number of years completed.) 1 2 3 4 Year Graduated _____

School _____ City _____ State _____

High School Diploma: Yes No

COLLEGE: (Circle number of years completed.) 1 2 3 4

School _____ City _____ State _____

Major _____ Degree Earned _____ Date: _____

GRADUATE SCHOOL:

Area of Study _____ City _____ State _____

Major _____ Degree Earned _____ Date: _____

TECHNICAL EDUCATION, LICENSES & SPECIAL SKILLS (Non-Nursing Applicants Only)

School, Special Training, or Workshops _____ Area of Study _____

City _____ State _____ Telephone () _____ Date of Completion: _____

List the registration name, number and expiration date of any professional, technical or occupational license you now hold: _____

Do you type? Yes No _____ WPM Can you operate a word processor? Yes No _____ WPM

Do you use dictating equipment? Yes No Do you know medical terminology? Yes No

List any office equipment you operate, including personal computers and software: _____

NURSING APPLICANTS ONLY

<p>Check One:</p> <p><input type="checkbox"/> Registered Nurse <input type="checkbox"/> Licensed Practical Nurse <input type="checkbox"/> Clinical Nurse Specialist</p> <p><input type="checkbox"/> College Faculty <input type="checkbox"/> Other _____</p> <p>Primary Nursing Education: Length of Program _____</p> <p><input type="checkbox"/> Diploma <input type="checkbox"/> B.S. <input type="checkbox"/> A.D. Date of Graduation _____</p> <p>School of Nursing _____</p> <p>Address _____</p> <p>City, State, Zip Code _____</p>	<p>Georgia Nursing License</p> <p>Number _____</p> <p>Expires _____</p> <p>Other Licenses</p> <p>State/Expires _____</p> <p>State/Expires _____</p>
<p>INDICATE CLINICAL PREFERENCE: 1st, 2nd, 3rd Choice</p> <p>_____ EMERGENCY SERVICE _____ MATERNAL/CHILD _____ OPERATING ROOM _____ PACU</p> <p>_____ INTENSIVE CARE _____ MEDICAL/SURGICAL _____ ORTHOPEDICS _____ TELEMETRY / INTERMEDIATE</p> <p>_____ LABOR & DELIVERY _____ ONCOLOGY _____ OTHER _____</p>	

PERSONAL REFERENCES (No relatives or past employers)

Name	Address	Day Phone Number	Relation to Applicant

PLEASE COMPLETE THIS SECTION EVEN IF YOU HAVE ATTACHED A RESUME.

WORK EXPERIENCE (List all employment - include Military Service. Please explain any periods when not employed.) List current position first.

Current or Most Recent Employer		Street Address, City, State, Zip Code		Phone Number ()	
Supervisor (name, title, and telephone number)			Your Job Title		
Description of your duties			From (Mo./Yr.)	To (Mo./Yr.)	
			Rate \$ per		
			Reason for Leaving		

Employer		Street Address, City, State, Zip Code		Phone Number ()	
Supervisor (name, title, and telephone number)			Your Job Title		
Description of your duties			From (Mo./Yr.)	To (Mo./Yr.)	
			Rate \$ per		
			Reason for Leaving		

Employer		Street Address, City, State, Zip Code		Phone Number ()	
Supervisor (name, title, and telephone number)			Your Job Title		
Description of your duties			From (Mo./Yr.)	To (Mo./Yr.)	
			Rate \$ per		
			Reason for Leaving		

Employer		Street Address, City, State, Zip Code		Phone Number ()	
Supervisor (name, title, and telephone number)			Your Job Title		
Description of your duties			From (Mo./Yr.)	To (Mo./Yr.)	
			Rate \$ per		
			Reason for Leaving		

Employer		Street Address, City, State, Zip Code		Phone Number ()	
Supervisor (name, title, and telephone number)			Your Job Title		
Description of your duties			From (Mo./Yr.)	To (Mo./Yr.)	
			Rate \$ per		
			Reason for Leaving		

PRINT FULL NAME

(Last)

(First)

(Middle)

DATE

May we contact your current employer? YES NO

May we contact your past employers? YES NO

May we contact the schools you have attended? YES NO

Do you believe that you can perform the functions of the job for which you are applying? YES NO

FOR LICENSED APPLICANTS ONLY

Have you ever been named as a defendant in a malpractice action? YES NO If yes, explain. _____

Have you ever been sanctioned for misconduct by a professional or trade organization or governmental agency? YES NO

If yes, explain. _____

Have you ever had a license or certification in any jurisdiction limited, revoked, or voluntarily relinquished? YES NO

If yes, explain. _____

Have you ever been licensed or practiced professionally under a different name? YES NO

If yes, what was that name? _____

PLEASE READ CAREFULLY BEFORE SIGNING

"I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this information is grounds for refusal to hire, dismissal. I agree that any medical examination and/or drug or alcohol screen required by Warm Springs Medical Center (WSMC) is made with my consent. WSMC will require that applicants and employees submit to a drug and/or alcohol screen if requested to do so. The submission to such testing is a term and condition of employment or of continued employment. This applicant acknowledges and agrees to this term and condition of employment. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application and release all such parties from any liability for damages that may result from furnishing such information to you. I authorize you to request and receive such information. In consideration for my employment and my being considered for employment by Warm Springs Medical Center, I agree to conform to the rules and regulations of WSMC and acknowledge that these rules and regulations may be changed, interpreted, withdrawn, or added to by WSMC at any time, at WSMC's sole option and without prior notice to me. I understand that no representative of WSMC has any authority to enter into any agreement for employment for any specified period of time or to assure that any other personnel action, either prior to commencement of employment, or make any agreement contrary to the foregoing. I acknowledge that I have been advised that this application will remain active for no more than 90 days from the date it was made. I understand that failure to complete this application will void the application and I will no longer be considered a candidate for the job for which I have applied."

If I am hired as an employee of WSMC, I hereby authorize WSMC to deduct from my paycheck the balance of any financial obligation I owe to and have with WSMC that I have not fulfilled at the time of my separation from employment with WSMC.

Signature of Applicant