

EMPLOYMENT APPLICATION JENKINS COUNTY MEDICAL CENTER, 931 E Winthrope Ave, Millen GA 30442

Today's Date:	Telephone number:	Email:												
LAST NAME:	FIRST NAME:	MIDDLE INITIAL:												
Address: Street City		State: Zip Code:												
Position Applied for:	What Category would you prefer: <input type="checkbox"/> Full Time (check all that apply) <input type="checkbox"/> PRN <input type="checkbox"/> Labor Pool													
What days and hours are you available? <input type="checkbox"/> Weekdays <input type="checkbox"/> Weekends <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Overtime <input type="checkbox"/> Shift														
Do you realize it may be necessary for you to work weekends, holidays or rotation shift? <input type="checkbox"/> Yes <input type="checkbox"/> No														
Job Related Skills Note: Do not fill out any part of this section you believe to be non-job related. If the job requires do you have the appropriate valid driver's license? _____ Please list any other skills, licenses, or certificates that me be job related or that you feel would be of value to this job or company. _____ _____ _____ Can you perform the essential functions of this job with or without reasonable accommodation? _____ _____ _____														
Security List states and counties of residence for the past seven years: _____ _____ List all names or Social Security numbers used other than given above _____ _____ _____														
Education Circle the highest grade completed. 7 8 9 10 11 12 13 14 15 16 16+ <div style="display: flex; justify-content: space-between;"> Name City/State Graduated GED, Diploma or Degree Type </div> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Highschool</td> <td style="width:33%;"></td> <td style="width:33%;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="width:33%;"></td> </tr> <tr> <td>College</td> <td></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td></td> </tr> <tr> <td>Other</td> <td></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td></td> </tr> </table>			Highschool		<input type="checkbox"/> Yes <input type="checkbox"/> No		College		<input type="checkbox"/> Yes <input type="checkbox"/> No		Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	
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College		<input type="checkbox"/> Yes <input type="checkbox"/> No												
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No												

Employment Record - List the last 3 employers beginning with the most recent. Note: do not write "see resume"

Most recent Employer: Are you currently working for this employer? _____ If yes may we contact? _____

Company Name _____ Phone _____

City _____ State _____ Supervisor Name _____

Position and Duties _____

Salary: _____ Reason for Leaving _____

From: _____ To: _____

Second Most recent Employer

Company Name _____ Phone _____

City _____ State _____ Supervisor Name _____

Position and Duties _____

Salary: _____ Reason for Leaving _____

From: _____ To: _____

Third Most Recent Employer

Company Name _____ Phone _____

City _____ State _____ Supervisor Name _____

Position and Duties _____

Salary: _____ Reason for Leaving _____

From: _____ To: _____

ALL APPLICANTS COMPLETE: (please check all that apply)

KEYBOARDING YES NO Speed: _____ WPM

Computer Skills: ___ Word ___ Excel ___ Access ___ PowerPoint ___ Fax ___ Internet ___ Email ___ Scanner ___ Other

This application is intended for use in evaluating your qualification for employment. This is not an employment contract. False or misleading statements during an interview and on this form are grounds for terminating the application process or if discovered after employment, terminating employment. All qualified applicants will receive

consideration without discrimination based on sex, marital status, race color, age, creed, national origin, sexual orientation, military reserve membership, ancestry, religion height, weight, use of a guide or support animal because of blindness, deafness, or physical handicap, or the presence of disabilities. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment and prior to reporting to work, you may be required to submit to a medical review.

RELEASE OF AUTHORIZATION

Applicant Complete the Following

- I. In connection with my application for employment, I understand that a consumer report or an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons 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 and my: driving record, court record, education, credentials, credit, and references. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.
- II. Medical and workers 'compensation information will only be requested in compliance with the Federal Americans with Disabilities (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. Is so, I will be notified and given the name and addresses of the agency or the source that provided the information.
- III. 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 including the Minnesota Department of Labor.
- IV. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school employer, reference or insurance company contacted by **JCMC or its agent**, to furnish the information described In Section 1.

The following information is required by law enforcement agencies and other entities for positive identification when Checking public records, it is confidential and will not be used for any other purposes. I hereby release the employer and agents and all person's agencies, and entities providing information or reports about me from any and all liability arising out of the requests for a release of any of the above-mentioned information or reports.

Please print you full name LAST FIRST MIDDLE

Please print other names you have used

Home Address

City State Zip Code

Social Security Number Date of Birth

The following states require sex and race to obtain information: AL, AR, FL, GA, IA, IL, IN, MI, OR, SC, TX, WI

Sex Male Female

Race: Asian Black Hispanic White Other

Drivers License Number

State Issuing License

Name as it appears on license

Applicant's Signature

Today's Date