

# Hospice of the Golden Isles

## Application for Employment

700 Gloucester Street, Suite 101  
 Brunswick, GA 31525  
 Telephone: (912) 265 – 8500  
 Fax: (912) 265 – 8501

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, marital or veteran status, disability, or any other legally protected status. We will give this application every consideration. However, in accepting it, Hospice of the Golden Isles makes no commitment of employment to the applicant. This application applies to a specific position only. **This application will remain active for 30 days.**

### PERSONAL INFORMATION

<b>Position Applied For:</b>			<b>Date of Application:</b>	
Last Name	First	Middle	Social Security Number	
Current Address			City	State
			Zip	How long at this address?
Previous Address				How long?
Home Phone Number		Day Time Phone Number		Are you 18 or older? Yes No
Email Address				

Salary/Wage Expected: \$ \_\_\_\_\_ Date Available: \_\_\_\_\_

Type of Employment: Full time \_\_\_\_\_ Part time \_\_\_\_\_ Temporary \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  
*(Proof of citizenship or immigration status will be required upon employment.)* Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever filed an application with Hospice of the Golden Isles before? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been employed with Hospice of the Golden Isles before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give date(s) and position(s): \_\_\_\_\_

List any friends or relatives employed with Hospice: \_\_\_\_\_

May we contact your current employer? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please explain: \_\_\_\_\_

Have you ever plead “no contest,” *nolo*, or guilty to a crime, or been convicted of a crime? *(Omit non-moving traffic violations and any offense that was finally adjudicated in a Juvenile Court or under a Youth Offender Law)* Yes \_\_\_\_\_ No \_\_\_\_\_

Are any charges currently pending against you? Yes \_\_\_\_\_ No \_\_\_\_\_

Has any adjudication ever been withheld? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered yes to any of the proceeding questions, please give details: *(NOTE: Answering “yes” to these questions does not constitute an automatic bar to employment.)*

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**DRIVING INFORMATION**

Do you have a current valid driver’s license? Yes \_\_\_ No \_\_\_ State Issued: \_\_\_\_\_

If yes, License Number: \_\_\_\_\_ Class Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Has your license ever been suspended or revoked? Yes \_\_\_ No \_\_\_ If yes, explain: \_\_\_\_\_

Have you ever been convicted, plead guilty, or plead *nolo* to a charge of DWI or DUI? Yes \_\_\_ No \_\_\_

Are any such charges currently pending against you? Yes \_\_\_ No \_\_\_

If yes to either question, please explain: \_\_\_\_\_

**EDUCATION**

SCHOOL	NAME AND LOCATION	# OF YEARS	DID YOU GRADUATE?
ELEMENTARY			
HIGH SCHOOL			
COLLEGE/UNIVERSITY			
OTHER (SPECIFY)			

**RELEVANT TRAINING**

List any specialized training, qualifications, apprenticeships and activities that relate to the job for which you are applying.

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List any professional designations, certifications, licenses, or courses that may be applicable to the position for which you are applying.

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**EMPLOYMENT HISTORY**

List each job held starting with your most recent employer, including military service assignments and periods of unemployment. If self-employed, give company name and supply business references. **DO NOT ANSWER “SEE RESUME.”** Fill out this form completely.

Company	Address		Telephone	
Dates Employed	From	To	Starting Salary	Final Salary
Last Job Title and Duties:			Reason for Leaving:	
Company	Address		Telephone	
Dates Employed	From	To	Starting Salary	Final Salary
Last Job Title and Duties:			Reason for Leaving:	
Company	Address		Telephone	
Dates Employed	From	To	Starting Salary	Final Salary
Last Job Title and Duties:			Reason for Leaving:	
Company	Address		Telephone	
Dates Employed	From	To	Starting Salary	Final Salary
Last Job Title and Duties:			Reason for Leaving:	

Please explain fully any gaps in your employment history: \_\_\_\_\_

List any other names that you may have used and which will be necessary to verify your prior employment: \_\_\_\_\_

Do you have any commitments, including but not limited to, a non-compete or non-solicitation or confidentiality agreement with any current or former employer that may affect or restrict your employment or ability to perform the duties for which you are hired?

Yes \_\_\_\_ No \_\_\_\_ If yes, explain: \_\_\_\_\_

**PERSONAL REFERENCES**

Do not list relatives or former employers.

Name and Occupation	Address (include city, state and zip)	Telephone Number

**AGREEMENT AND CERTIFICATION**

I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false, misleading, incomplete, or unsatisfactory in any respect (as determined by Hospice of the Golden Isles in its sole judgment) it shall be considered sufficient cause for denial of employment or discharge.

I authorize former and present employers, work and personal references listed in the application, and any other individuals I may name, to give Hospice of the Golden Isles or its agent any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release such parties from all liability for any damages that may result from furnishing same to Hospice. I also authorize Hospice or its agent to provide truthful information concerning my employment with it to future employers and I agree to hold it harmless for providing such information.

I understand that nothing contained in this employment application, or in the granting of an interview, is intended to create an employment contract between Hospice and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me. If an employment relationship is established, I understand that my employment is terminable at will until I become a non-probationary regular employee; that my employment is not for a definite period; and that any compensation is not for a definite period at any stated amount.

I understand that prior to being offered employment with Hospice, I may be requested to take an examination. In the event I have a disability that will affect my ability to take the test, I will so inform Hospice or its agent prior to the administration of the test so that a reasonable accommodation can be made. Requested accommodations may include accessible testing sites, modified testing conditions, and accessible testing formats. Hospice of the Golden Isles reserves the right to require medical documentation concerning the need for the accommodation.

I understand and agree that Hospice may require that I consent to a Consumer Credit and/or Criminal History report as a condition for employment. If an adverse employment decision is made due totally or partially to the information on a report, Hospice will give a copy of the report and the source of the report so that I may contact them if I wish. I release Hospice and its agent from any and all liability and damages that may result or arise from any provision of information in connection to such a report.

I understand that Hospice reserves the right, to the extent permitted by law, to require drug and/or alcohol screening tests of an applicant or an employee either prior to employment or any time during employment (as permitted by law) and I hereby give my consent to any such tests. I consent to the release of the results of any such tests to Hospice or its agent. I release Hospice and its agent from any and all liability and damages that may result or arise from any drug test or the provision of information in connection to such a test.

I understand that I may be required, to the extent permitted by law, to undergo a post-offer, pre-employment physical examination, and I hereby give my consent to such an examination.

I understand that if employed, policies and rules, which are issued, are not conditions of employment and that the employer may revise policies or procedures, in whole or in part, at any time.

ALL APPLICATIONS, RESUMES, LETTERS OF REFERENCE, ETC. SUBMITTED BECOME THE PROPERTY OF HOSPICE OF THE GOLDEN ISLES AND WILL NOT BE RETURNED. ALL INFORMATION PROVIDED ON THE APPLICATION MAY BE SUBJECT TO PUBLIC DISCLOSURE UNDER THE GEORGIA OPEN RECORDS ACT.

Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

# Hospice of the Golden Isles, Inc.

## Pre-employment References

**Applicant: Please complete the top portion of this form; we will contact your reference by telephone or fax. Thank You.**

**Hospice of the Golden Isles, Inc.** Attn: Tamara Kirk  
1692 Glyngo Parkway  
Brunswick, GA 31525  
Fax # 912-289-2045

To:

\_\_\_\_\_  
(Name of Former Supervisor)

\_\_\_\_\_  
(Company Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(Telephone)

I, \_\_\_\_\_, am submitting an employment application to the Hospice of the Golden Isles, Inc. for the position of: \_\_\_\_\_.

I cannot be considered for employment until my references are on file. Please complete the items listed below and mail or fax this form to Hospice of the Golden Isles, Inc. I hereby authorize you to release all records of employment, including assessments of my job performance, ability and fitness. I hereby release you from all liability of any type as a result of providing the following information to the above-mentioned Company.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Social Security Number)

### FORMER EMPLOYER REFERENCE FORM

**(Applicant: Do not write below this line. To be completed by former employer.)**

- Dates of employment with your organization: \_\_\_\_\_
  - Positions held with your organization: \_\_\_\_\_
  - Was the employee's overall performance:  
Above Average \_\_\_\_\_ Average \_\_\_\_\_ Below Average \_\_\_\_\_ Poor \_\_\_\_\_
  - Was applicant absent: Never \_\_\_\_\_ Occasionally \_\_\_\_\_ Repeatedly \_\_\_\_\_
  - Was applicant's quality of work: Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_
  - Did applicant accept supervision: Well \_\_\_\_\_ Average \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_
  - Why did employee leave your company? Resigned \_\_\_\_\_ Discharge \_\_\_\_\_ Laid off \_\_\_\_\_ Other \_\_\_\_\_
  - If your policy permitted and if you had a vacancy, would you rehire this person? \_\_\_\_\_  
If no, please explain: \_\_\_\_\_
  - Remarks:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Signature of person completing form: \_\_\_\_\_ Date: \_\_\_\_\_