



**We must have signature on file, please print out completed application and mail or fax to our office.**

P. O. Box 1727 / Valdosta, GA 31603 / Fax:(229)259-4701

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

<b>PERSONAL DATA</b>				
Last Name	First Name	Middle Name	Maiden Name	E-mail
Current Address	Number and Street	City	State	Zip Code
Telephone Number				
Previous Address	Number and Street	City	State	Zip Code
Social Security #				
Position(s) Desired	FT/PT/TEMP	Willing to work shifts? Days/Evenings/Nights/Weekends (Please circle)		
If offered employment, date you would be available to start:				
<b>EDUCATIONAL DATA</b>				
Name and Address of High School		Dates Attended	Graduate?	Date
Name and Address of High School		Dates Attended	Graduate?	Date
Name and Address of High School or Professional School(s) Attended		Dates Attended	Graduate?	Date
<b>PERSONAL REFERENCES - List three personal references. Do not use relatives.</b>				
Name and Address			Telephone Number	
Name and Address			Telephone Number	
Name and Address			Telephone Number	
<b>SPECIAL SKILLS AND INTERESTS</b>				
List Number and Expiration Date of Any Professional/Occupational Licenses			State	
Are You Computer Literate?	What Softwares?		Typing Speed?	
What Office Machines/Equipment Do You Operate Efficiently?				
<b>EMPLOYMENT DATA - Begin with your most recent job.</b>				
Employer's Name			Dates of Employment From: To:	
Employer's Address		Telephone #	Supervisor's Name	
Job Title & Duties			Start Pay/Ending Pay	
Reason for Leaving			May we contact this employer? Yes No	
Employer's Name			Dates of Employment From: To:	
Employer's Address		Telephone #	Supervisor's Name	
Job Title & Duties			Start Pay/Ending Pay	
Reason for Leaving			May we contact this employer? Yes No	
Employer's Name			Dates of Employment From: To:	
Employer's Address		Telephone #	Supervisor's Name	
Job Title & Duties			Start Pay/Ending Pay	
Reason for Leaving			May we contact this employer? Yes No	

**EMERGENCY INFORMATION**

Give name and address of person to notify in case of emergency.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone#: \_\_\_\_\_

**MISCELLANEOUS INFORMATION**

Have you ever been arrested, pleaded guilty or no contest to or been convicted of an criminal offense other than a minor traffic offense?

YES \_\_\_\_\_ NO \_\_\_\_\_

If so, please give detailed information below as to each offense, including the specific offense for which you were charged, the disposition of the offense and the date, court, state and county where you were charged.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you now or have you ever been previously excluded from participation in the Medicare or Medicaid programs, debarred from contracting with a government entity or otherwise ineligible for participation in Federal health care programs? YES \_\_\_\_\_ NO \_\_\_\_\_

How did you learn about South Georgia Medical Center:

Walk In \_\_\_\_\_ Newspaper \_\_\_\_\_ Professional Journal \_\_\_\_\_

SGMC Reputation: \_\_\_\_\_ Employee Referral: \_\_\_\_\_ Former Employee: \_\_\_\_\_

Job Fair: \_\_\_\_\_ Telephone Directory: \_\_\_\_\_ School Counselor: \_\_\_\_\_

Placement Office: \_\_\_\_\_ Job Line: \_\_\_\_\_ Website: \_\_\_\_\_ Internet: \_\_\_\_\_

Other (please specify): \_\_\_\_\_

**CERTIFICATION OF APPLICANT**

**Read Carefully Before You Sign:**

I hereby state that the information given by me in this application is complete and true in all respects. I understand that any omission, misrepresentation, or falsification will preclude my application from further consideration. I further understand that if employed, the subsequent disclosure of any omission, misrepresentation, or falsification of information will result in the termination of my employment. I hereby authorize South Georgia Medical Center to make all necessary and appropriate investigations to verify the information contained herein including a report of prior convictions and authorize my former employers to release information pertaining to my work record, my work habits, and my work performance while in their employ. I hereby release any former employer, individual, institution or agency from any liability for all damages resulting in any information furnished by them.

In making application for employment, I understand that an investigative report may be made by a consumer reporting agency to include information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. If such an investigative report is made, I understand I will receive notice that such a report has been requested, and that I will have the right to make a written request for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

I understand that, upon being hired, I will have to provide authorization to work in the United States.

I understand and agree that any employee handbook which I may receive will not constitute an employment contract, but will be merely a gratuitous statement of South Georgia Medical Center's current policies.

I give my permission to and understand that South Georgia Medical Center reserves the right to require me and its other applicants to submit to a drug test. I understand that refusal to submit to a drug test or a positive result may preclude my application from further consideration. I further give my permission to and understand that South Georgia Medical Center reserves the right to require me and 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 South Georgia Medical Center. I understand that, if employed, a positive test result or a refusal to submit to a urinalysis, blood test or search, when requested to do so, may result in termination of my employment.

I UNDERSTAND AND AGREE THAT IF I AM OFFERED EMPLOYMENT BY SOUTH GEORGIA MEDICAL CENTER MY EMPLOYMENT WILL BE FOR NO DEFINITE TERM AND THAT EITHER I, OR SOUTH GEORGIA MEDICAL CENTER, WILL HAVE THE RIGHT TO TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE. I ALSO UNDERSTAND THAT THIS STATUS CAN ONLY BE ALTERED BY A WRITTEN CONTRACT OF EMPLOYMENT WHICH IS SPECIFIC AS TO ALL MATERIAL TERMS AND IS SIGNED BY ME AND THE ADMINISTRATOR OF SOUTH GEORGIA MEDICAL CENTER.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

It is the policy of South Georgia Medical Center to provide employment opportunities without regard to race, color, religion, sex, national origin, age, disability, (in the case of a qualified individual with a disability) or Veteran status as required by federal and state law. Applications may be submitted online, by US Mail, by fax or in person. If a special accommodation is needed, please notify the Personnel Department's receptionist.

**INTERVIEWER'S NOTES**

**Date References Sent:**

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