



Ogeechee Area Hospice  
APPLICATION FOR EMPLOYMENT

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation? ( ) Yes ( ) No

**REFERENCE: DO NOT INCLUDE FAMILY MEMBERS.**  
Provide names of three persons whom you have known for at least one year.

NAME	PHONE NUMBER	BEST TIME TO CALL	OCCUPATION

**APPLICANT'S STATEMENT**

\* I certify that answers given herein are true and complete.  
 \* I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.  
 This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.  
 \* I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.  
 \* In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Position(s) Applied For					Date of Application
Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Telephone Number(s) Daytime Phone:			Evening Phone:		

Best time to contact you is: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Are you over 18 years of age? ( ) Yes ( ) No  
 Do you have a valid Georgia driver's license ? ( ) Yes ( ) No  
 Has any license, permit or privilege ever been suspended or revoked? ( ) Yes ( ) No  
 Have you ever filed an application with us before? ( ) Yes ( ) No  
 If Yes, give date \_\_\_\_\_  
 Have you ever been employed by Ogeechee Area Hospice? ( ) Yes ( ) No  
 Dates \_\_\_\_\_  
 Do any of your friends or relatives work at Ogeechee Area Hospice? ( ) Yes ( ) No  
 If Yes, state name, relationship and location \_\_\_\_\_

Are you currently employed? ( ) Yes ( ) No  
 May we contact your present employer? ( ) Yes ( ) No  
 If yes, provide phone number \_\_\_\_\_

Are you legally eligible for employment in the United States?  
*Proof of citizenship or immigration status will be required upon employment.* ( ) Yes ( ) No

Date available for work \_\_\_/\_\_\_/\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you available to work: ( ) Full Time (Please indicate Day Night Any)  
 ( ) Part Time (Please indicate Mornings Afternoon Evenings)  
 ( ) Temporary (Please indicate dates available \_\_\_/\_\_\_ - \_\_\_/\_\_\_)

Are you currently on "lay-off" status and subject to recall? ( ) Yes ( ) No  
 Can you travel if a job requires it? ( ) Yes ( ) No  
 Have you ever been convicted of a crime? If yes, provide date and place of conviction. ( ) Yes ( ) No  
 \_\_\_\_\_

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, veteran status, or any other legally protected status.

<b>WORK EXPERIENCE</b>			
Start with your present or last job. Include any job-related military service assignments and volunteer activities.			
(I) Employer	Dates Employed Month and Year		Work Performed
Address	From	To	
Telephone Number(s)			
Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
<b>Reason for Leaving</b>			
(II) Employer	Dates Employed Month and Year		Work Performed
Address	From	To	
Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
<b>Reason for Leaving</b>			
(III) Employer	Dates Employed Month and Year		Work Performed
Address	From	To	
Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
<b>Reason for Leaving</b>			
(IV) Employer	Dates Employed Month and Year		Work Performed
Address	From	To	
Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
<b>Reason for Leaving</b>			

<b>Comments: Include explanation of any gaps in employment.</b>						
<b>EDUCATION</b>						
School	Name and Address of School	Course of Study	Number of Years Completed	Did you Graduate		Diploma/Degree
				Yes	No	
High School						
Undergraduate College						
Graduate/Professional						
Other (Specify)						
<b>Describe any specialized training, apprenticeship, skills and extra-curricular activities.</b>						
<b>MILITARY- Complete this section if you served in US Armed Forces</b>						
Branch of Service:			Period of Active Duty:			
			From: _____ To: _____			
			Date of Discharge: _____			
<b>Describe Duties/Specialized Training</b>						