

WORK HISTORY (include volunteer experience) Use additional sheets if necessary

Current or Last Employer:		Address:		
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ per	Ending or Current Salary \$ per	Reason for Leaving	May We Contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
Date Separated (mo/yr)	Your name while employed here: _____			
Full Time Years Months	List major duties in order of their importance in the job: _____			
Part Time Years Months	_____			
If part time, number of hours worked per week:	_____			

Employer:		Address:		
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ per	Ending or Current Salary \$ per	Reason for Leaving	May We Contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
Date Separated (mo/yr)	Your name while employed here: _____			
Full Time Years Months	List major duties in order of their importance in the job: _____			
Part Time Years Months	_____			
If part time, number of hours worked per week:	_____			

Employer:		Address:		
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:
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Date Separated (mo/yr)	Your name while employed here: _____			
Full Time Years Months	List major duties in order of their importance in the job: _____			
Part Time Years Months	_____			
If part time, number of hours worked per week:	_____			

Employer:		Address:		
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ per	Ending or Current Salary \$ per	Reason for Leaving	May We Contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
Date Separated (mo/yr)	Your name while employed here: _____			
Full Time Years Months	List major duties in order of their importance in the job: _____			
Part Time Years Months	_____			
If part time, number of hours worked per week:	_____			

THIS SECTION MUST BE COMPLETED

1. Have you ever been convicted of any criminal violation of law, or are you now subject to a pending investigation of charges of violation of criminal law? Examples may include, but should not be limited to: driving while impaired, worthless checks, assault, driving while license suspended, disorderly conduct, credit card fraud, embezzlement, etc.

No Yes If yes, explain: _____

2. Have you ever been the subject of any adverse action(s) by any duly authorized sanctioning or disciplinary agency for either conduct-based or performance-based actions?

No Yes If yes, explain: _____

READ CAREFULLY

I understand and agree that:

- All the statements herein are true and I understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.
- The organization will make a thorough investigation of my entire work history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by the organization, and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or may subject me to immediate dismissal.
- My employment may be terminated by the organization at any time without liability for wages or salary except such as may have been earned by the date of such termination. If requested by management at any time, I agree to submit to search of my person or any property that may be assigned to me. I understand and agree that I may be required to take a physical examination at organization expense at any time to determine if I am physically fit for the job I am to perform, and I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of a job I am being considered for prior to employment or in the future during my employment with the organization.
- Business needs may at times make the following conditions mandatory: overtime, shift work, a rotating work schedule, or a work schedule other than the one I am offered. I understand and accept these as conditions of my continuing employment.
- If a position for which I am being considered may include responsibilities that are in conflict with my personal/cultural values or religious beliefs, I should discuss this during the interview process.
- Columbus Regional Healthcare System conducts its business with the highest possible degree of safety and efficiency. Because of this, Columbus Regional Healthcare System requires all applicants for employment to undergo blood and/or urinalysis screening for drug and/or alcohol use as part of their pre-placement physical examination. I agree to voluntarily give blood/body fluid samples should official Hospital designee request, (For Cause) on the basis of behavior and/or impaired job performance or if I should have a reportable on-the-job accident. I understand that I may be subject to a random drug screening and I consent to voluntarily give blood/body fluid samples. I understand that refusal to provide body fluid samples, when requested, will be interpreted as supportive of impairment and may make me subject to disciplinary action, including immediate discharge.

I further understand that this is an application for employment and that no employment contract is being offered.

I understand that, if I am employed, such employment is for an indefinite period of time and that the organization can change wages, benefits and conditions at any time.

I have read and understand the above.

DATE

SIGNATURE

PRINTED NAME

RELEASE OF LIABILITY



NAME (First, Middle, Last) _____ Gender Male / Female

MAIDEN NAME (If applicable) _____

CURRENT ADDRESS: _____ HOW LONG? _____

CITY, STATE, ZIP: _____

1ST PREVIOUS ADDRESS _____ HOW LONG? _____

CITY, STATE, ZIP: _____

APPLICANT SOCIAL SECURITY NUMBER: _____ - _____ - _____ DATE OF BIRTH ____/____/____

DRIVER'S LICENSE # AND STATE ISSUED: _____

APPLICANT AUTHORIZATION

I hereby authorize FirstPoint, Inc. ("FirstPoint") to prepare an INSIGHT report that will include my present and previous employment information including salary as well as work performance. I also authorize FirstPoint to verify my past and present driving records, education records, credit history, and professional credentials. I further authorize FirstPoint to perform a criminal records search.

I understand that FirstPoint does not guarantee the accuracy or timeliness of the information obtained from other sources and that FirstPoint will not be liable for any inaccuracy in the information obtained from other sources that are included in the INSIGHT report.

Further, I authorize my current and former employers, as well as other organizations to provide such information to FirstPoint and I hereby release and hold harmless FirstPoint, my current and former employers, as well as other organizations that have provided information in connection with my INSIGHT report.

New York employers and residents only:

By signing this consent form I acknowledge receipt of a copy of Article 23-A of New York Corrections Law.

CONSUMER DISCLOSURE

I understand that a pre-employment consumer report (Insight) may be obtained from the FirstPoint, Inc for employment purposes.

APPLICANT'S SIGNATURE DATE ____/____/____

California, Minnesota & Oklahoma residents only:

I want to receive a free copy of any Consumer Report, Investigative Consumer Report or Credit Report on me that is requested.
 Yes No

For GA Criminal Searches Only (Must Check One): Employment w/ Mentally Disabled (Purpose Code M) Employment w/ Elder Care (Purpose Code N) Employment w/ Children (Purpose Code W) None Apply

Columbus Regional Healthcare

Criminal records search and states to be searched? _____

Credit Report (Persona) Motor Vehicle Record SS number & Name Verification /Address search

Healthcare fraud sanctions search (OIG & GSA) National sex offender registry

Verification Services (Employment, Education, and Professional License) please list schools or employers below and fax a copy of the applicants resume or application along with this form.

Verification list here: _____

(Employer) for fax orders please fax this form to 1-800-888-3487
PO Box26140
Greensboro, NC 27402
(800) 449-0254

APPLICANT LOG

(Voluntary Information for EEOC Statistical Purposes Only)

DATE: _____ NAME: _____
(Last) (First) (Middle)

SOCIAL SECURITY NUMBER: _____ - _____ - _____

Columbus Regional Healthcare System is an Equal Opportunity Employer. The United States Government requires that we obtain and report data pertaining to each applicant's ethnic background, race, sex and any handicap. Once the information is compiled this document is destroyed and in no way will the information provided effect employment decisions or actions.

<u>SEX</u>	<u>AGE</u>	<u>Date of Birth</u>
<input type="checkbox"/> Male	<input type="checkbox"/> under 40	
<input type="checkbox"/> Female	<input type="checkbox"/> over 40	____/____/____
	<input type="checkbox"/> unknown	Mo. Day Yr

POSITIONS APPLIED FOR:

1. _____
2. _____

EMPLOYMENT CLASS

Full-time Part-time
 Per Diem Temporary

ETHNIC BACKGROUND

Hispanic/Latino White Black/African American Asian
 Native Hawaiian/other Pacific Islander American Indian/Alaskan Native Two or more races

VETERANS ONLY

Vietnam Era 8/5/64-5/7/75 Disabled Vet Both of the above

Handicap (if any)

Visually impaired Hearing impaired Communicative Mobility Emotional/Mental
 Nervous System Other (specify) _____

REFERRAL SOURCE:

Self Advertisement ESC CRHS website CHRS job line
 Employee Referral – Employee Name: _____
 Other (specify): _____