



**APPLICATION FOR EMPLOYMENT**  
(Please Print in Ink)

**GENERAL INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Birth, Maiden or Other Names Used **Past** and Present \_\_\_\_\_ Social Security Number \_\_\_\_\_

Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Permanent Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Position Applied for \_\_\_\_\_

Minimum Pay Required \$ \_\_\_\_\_ / hour Check Shifts Available for Work Days  Evenings  Nights  Weekends

Date Available to Work \_\_\_\_\_ Check Desired Employment  Full-Time  Part-Time  Other

How were you referred to us?  Walk-in  Ad  Our Website  Other (list) \_\_\_\_\_

**PERSONAL RECORD**

Are you age 18 or older?  Yes  No

Have you ever applied to this facility for a position?  Yes  No If yes, when? \_\_\_\_\_

How Were You Referred to Us?  Walk-in  Ad  Our Website  Other (list) \_\_\_\_\_

Have you ever been employed by Flint River Community Hospital?  Yes  No If yes, when and what position? \_\_\_\_\_

Are you related to any employees at Flint River Community Hospital?  Yes  No If yes, give name(s) and relationship(s) \_\_\_\_\_

\_\_\_\_\_

Military Branch \_\_\_\_\_ Date Entered \_\_\_\_\_ Date Discharged \_\_\_\_\_ Reserve Status \_\_\_\_\_

Have you ever been convicted of a crime other than a minor traffic violation?  Yes  No If yes, explain \_\_\_\_\_

\_\_\_\_\_

**EDUCATION RECORD**

School Name and Location	Major	Highest Grade Completed			
High School _____		9	10	11	12
Business/Technical School _____		9	10	11	12
College _____		9	10	11	12
Graduate School _____		9	10	11	12

List Any Foreign Languages Spoken and Level of Fluency \_\_\_\_\_

Skills  Typing WPM \_\_\_\_\_  Medical Terminology  Data Entry Processing  Calculator Touch  
 Personal Computer  Shorthand WPM \_\_\_\_\_  Transcription Equipment  CRT

Licenses/Certification \_\_\_\_\_

**WORK HISTORY** (Last 15 years beginning with present or more recent experience)

If additional space is needed, attach a separate sheet. Blank spaces, inaccuracies, omissions or falsified data may disqualify you from consideration or be grounds for immediate dismissal when such omission or misinformation is discovered.

Are You Employed?  Yes  No May We Contact Your Present Employer?  Yes  No

**Employer** \_\_\_\_\_  
 Address \_\_\_\_\_ Phone # \_\_\_\_\_  
 Job Title \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Start Pay \_\_\_\_\_ End Pay \_\_\_\_\_  
 Description of Your Work \_\_\_\_\_  Full-Time  Part-Time  
 Immediate Supervisor Name/Title \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

**Employer** \_\_\_\_\_  
 Address \_\_\_\_\_ Phone # \_\_\_\_\_  
 Job Title \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Start Pay \_\_\_\_\_ End Pay \_\_\_\_\_  
 Description of Your Work \_\_\_\_\_  Full-Time  Part-Time  
 Immediate Supervisor Name/Title \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

**Employer** \_\_\_\_\_  
 Address \_\_\_\_\_ Phone # \_\_\_\_\_  
 Job Title \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Start Pay \_\_\_\_\_ End Pay \_\_\_\_\_  
 Description of Your Work \_\_\_\_\_  Full-Time  Part-Time  
 Immediate Supervisor Name/Title \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF INFORMATION**

hereby grant permission to Flint River Community Hospital to contact the employer listed and further, I hereby authorize my former and/or present employer to give any information as to my behavior, performance and employment record with them. I hereby release from all liability and damages those individuals, companies or agencies who provide information as stated above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**(APPLICANT – DO NOT COMPLETE)  
RECORD OF EMPLOYMENT**

Name of Previous/Present Employer \_\_\_\_\_

Address \_\_\_\_\_

Applicant Name \_\_\_\_\_ SS# \_\_\_\_\_

Position Applied For \_\_\_\_\_

Position Held at Your Company \_\_\_\_\_

1. The applicant's reporting relationship to you \_\_\_\_\_
2. Is the information provided above, by the employee, correct?  Yes  No
3. Position (if different from above) \_\_\_\_\_
4. Reason for leaving \_\_\_\_\_
5. Would you rehire this person?  Yes  No If no, please explain \_\_\_\_\_
6. Strong points \_\_\_\_\_  
Weak points \_\_\_\_\_
7. Employment \_\_\_\_\_ to \_\_\_\_\_

**(Please Check)**

	Excellent	Average	Needs Improvement	Unsatisfactory
Quality of Work	_____	_____	_____	_____
Productivity	_____	_____	_____	_____
Dependability	_____	_____	_____	_____
Initiative	_____	_____	_____	_____
Professional	_____	_____	_____	_____
Appearance	_____	_____	_____	_____
Attendance/Punctuality	_____	_____	_____	_____
Communication Skills	_____	_____	_____	_____

Additional Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Please mail or fax to:  
 Flint River Community Hospital  
**Attention: Human Resources**  
 509 Sumter Street  
 Montezuma, GA 31063  
 (478) 472-3142/fax