



**P.O. Box 531
Statesboro, GA 30459
Phone (912) 764-8441 Fax (912) 489-8247**

We consider applicants without regard to race, color, religion, creed, gender, national origin, age, disability, veteran status, or any other legally protected status. This application can be printed, completed and mailed or faxed to Ogeechee Area Hospice.

(Please Print)

Position/s Applied For	Date of Application
------------------------	---------------------

Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Home Phone	Cell Phone		

Have you ever filed an application with us before? Date _____ Yes No

Have you ever been employed with us before? Date _____ Yes No

Do any of your friends or relatives work here? Yes No

Name/s _____

Are you currently employed? _____ Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

(Proof of citizenship or immigration status will be required)

Date available for work ____/____/____ What is your desired salary range? _____

Are you available to work: Full Time
Part Time # of hours per week _____

Are you currently on "lay off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

EDUCATION

School	Name and City/State of School	Course of Study	Number of Years Completed	Degree/Diploma
High School				
College/ Tech School				
Graduate School				
Other				

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. (You may exclude organizations which indicate race, religion, national origin, disabilities or other protected status.)

Employer:	Dates of Employment: From: _____ To: _____
Address:	
Telephone Number/s	
Starting/Present Job Title:	Supervisor:
Work Performed:	
Reason for Leaving:	

Employer:	Dates of Employment: From: _____ To: _____
Address:	
Telephone Number/s	
Starting/Present Job Title:	Supervisor:
Work Performed:	
Reason for Leaving:	

Employer: _____ Dates of Employment: **From:** _____ **To:** _____

Address:

Telephone Number/s

Starting/Present Job Title:

Supervisor:

Work Performed:

Reason for Leaving:

Employer: _____ Dates of Employment: **From:** _____ **To:** _____

Address:

Telephone Number/s

Starting/Present Job Title:

Supervisor:

Work Performed:

Reason for Leaving:

Comments: Include explanation of any gaps in employment.

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

List professional, trade, business, or civic activities and offices held.

(You may exclude organizations which indicate race, religion, national origin, disabilities or other protected status.)

Additional Information

Summarize special job-related skills acquired from employment or other experience.

Specialized Skills:

Computer Word Processing Excel Power Point Shorthand

Other _____

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

PERSONAL / PROFESSIONAL REFERENCES (Do not include family members)

Name	Phone Number/s	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 34 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 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 UNDERSTAND, ALSO, THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE EMPLOYER.

Signature of Applicant

Date