



NAME: _____

POSITION: _____

DATE: _____

APPLICATION FOR EMPLOYMENT

We welcome your interest in joining the staff at Spring Harbor at Green Island. In order for you to be fully considered for a position with Spring Harbor at Green Island, it is necessary that you satisfactorily complete this application.

PLEASE NOTE:

- **COMPLETE APPLICATION** – Applications that have not been fully completed and signed will not be accepted. If there is insufficient space on the application for you to provide a completed response, please attach your resume.
- **ACCURACY** - If you wish to submit a resume, please attach it to the application. DO NOT REFER TO A RESUME IN RESPONSE TO ANY APPLICATION QUESTION. All questions must be answered on the application itself.
- **CRIMINAL BACKGROUND CHECKS** – Criminal background checks are a mandatory part of our hiring process. Spring Harbor uses (GCHEXS), The Georgia Criminal History Check System, which allows authorized users to receive eligibility determinations for employment.
- **DRUG USE POLICY AND REQUIRED PRE-HIRE DRUG TESTING** – Spring Harbor does not hire or knowingly employ persons who use illegal drugs. All persons seeking employment or employed by Spring Harbor will be required to take and pass a screen for illegal drugs and may be subject to periodic tests for illegal drugs. By completing this application, you are agreeing that upon request, you will provide a urine specimen at the collection site designated by Spring Harbor and to have the specimens tested at a laboratory selected by Spring Harbor.

Spring Harbor does not discriminate in hiring or employment on the basis of race, color, sex, religion, disability, national origin, or on the basis of age. No question on this application is intended to secure information to be used for such discrimination. Proof of identity and work authorization will be required upon employment in accordance with federal regulations. This Company intends to check and hold you responsible for the accuracy of the statements you make on this application. This application will receive consideration for six (6) months. A new application must be submitted after that time.

Personal Data

Name _____
(Last) (First) (MI) (Maiden) (Name Preferred)
Address _____

(City) (State) (ZIP)
Phone Number _____ E-mail Address _____
Are you 18 years of older? ☐ Yes ☐ No

Employment

Position applied for _____ Salary desired _____
Have you ever applied here before? _____ if so, when? _____
Have you ever worked for Spring Harbor before? ☐ Yes ☐ No If yes, when? _____
If yes, have you gone by any other name(s) different from the one given on this application? _____
Are you applying for ☐ Full time ☐ Part time ☐ Every Other Weekend Date available for work _____
Shift Preference ☐ 1st ☐ 2nd ☐ 3rd Weekends ☐ Yes ☐ No Holidays ☐ Yes ☐ No

General

Are you legally authorized to work in the United States? ☐ Yes ☐ No (*Proof of work authorization will be required upon employment*)
Does this position require a license or certification? ☐ Yes ☐ No
If so, what is your license number: State _____ License No _____
Do you have a current CPR Certification (Healthcare only)? ☐ Yes ☐ No
Do you have relatives working at Spring Harbor? ☐ Yes ☐ No If yes, Name _____

Background/ Drug Screen

Do you authorize Spring Harbor to conduct a Background Check? ☐ Yes ☐ No
This position is contingent upon passing a drug screen. Are you willing to complete one? ☐ Yes ☐ No

Other Qualifications

Job-related training courses (give title and year). Job-related skills (other languages, computer software/hardware, tools, machinery, typing speed, etc. Job-related certificates and licenses (current only).

Work History

Include all of your employment experience in the last 7 years, listing the most recent position first. **Provide your complete employment history even if you attach a resume.** Please explain gaps of more than six months in employment.

Company: _____ Immediate Supervisor: _____
Address: _____
(Street) (City/State) (ZIP)
Phone: _____ Dates: From _____ to _____ Type of Business: _____
Your Title: _____ Starting Salary: _____ Ending Salary: _____
Major Responsibilities: _____
Reason for leaving: _____ If this is your current employer, may we contact them? Yes ☐ No ☐

Company: _____ Immediate Supervisor: _____
Address: _____
(Street) (City/State) (ZIP)
Phone: _____ Dates: From _____ to _____ Type of Business: _____
Your Title: _____ Starting Salary: _____ Ending Salary: _____
Major Responsibilities: _____
Reason for leaving: _____

Company: _____ Immediate Supervisor: _____
Address: _____
(Street) (City/State) (ZIP)
Phone: _____ Dates: From _____ To _____ Type of Business: _____
Your Title: _____ Starting Salary: _____ Ending Salary: _____
Major Responsibilities: _____
Reason for leaving: _____

Personal Reference: (No family or household members)

Name: _____ Name: _____
Address: _____ Address: _____
(Street) (City/State) (ZIP) (Street) (City/State) (ZIP)
Phone: _____ How long acquainted: _____ Phone: _____ How long acquainted: _____

Education

Mark highest level completed

Some High School ☐ HS/GED ☐ Some College ☐ Associate ☐ Bachelor ☐ Master ☐ Doctorate/PhD ☐

Name the last school attended. Give the school's city, State, ZIP code (if known).

School	City	State	ZIP	Major
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Affidavit and Pre-employment Inquiry Release

I certify that all information given on this application and any accompanying documents is true, complete and correct to the best of my knowledge and belief and is made in good faith.

In connection with my employment with Spring Harbor, I understand that investigative background inquiries are to be made of myself including Criminal, Driving, Schools and other reports. These reports will include information as to my character, work habits, performance and experience along with reasons for termination of past employment from previous employers. Further, I understand that information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my Driving, Criminal, Civil and other experiences as well as claims involving me in the files of insurance companies will be requested.

I authorize all schools which I attended and all previous employers to furnish to Spring Harbor or their agent, my record, reason for leaving and all information they may have concerning me, and hereby release them and Spring Harbor from all liability for any damage whatsoever.

By signing this application, I authorize the Company to make investigations and indicate my awareness that false statements or failures to disclose certain information may be sufficient to disqualify me for employment, or if employed, may result in my dismissal.

I understand that proof of identity and work authorization will be required upon employment in accordance with federal regulations. In the event of my employment by Spring Harbor, I agree to abide by all present and subsequently issued rules of Spring Harbor.

I understand that my employment is at will and that either party is free to terminate the employment relationship at any time without cause. Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Spring Harbor, or otherwise change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Executive Director of the Company.

Print Full Name: _____

Social Security Number: _____

Current Address: _____

City/State/ZIP: _____

Applicant's Signature: _____

Date: _____