



APPLICATION FOR EMPLOYMENT

LIGHTHOUSE CARE CENTER OF AUGUSTA

3100 Perimeter Parkway ♦ Augusta, Georgia 30909

Instructions: PRINT IN BLACK/BLUE INK OR TYPE. Fill out the application form completely. If questions are not applicable, enter "N/A". Do not leave questions blank. Resumes will be accepted as additional information but not in place of a completed application. Be sure to sign the application when it is completed.

EQUAL OPPORTUNITY EMPLOYER: It is our policy to abide by all Federal and State laws prohibiting employment discrimination solely on the basis of a person's race, color, creed, national origin, religion, age, sex, marital status, or physical handicap, except where a reasonable, bona fide occupational qualification exists.

PERSONAL INFORMATION

NAME _____ Social Security No. _____ - _____ - _____
(Last) (First) (Middle)

CURRENT ADDRESS _____ Phone: _____
(Street Address / Apt. No.)

(City) (State) (Zip)

PREVIOUS ADDRESS _____ Phone: _____
(Street Address / Apt. No.)

(City) (State) (Zip)

INDICATE THE POSITION FOR WHICH YOU ARE APPLYING : _____

TYPE OF EMPLOYMENT DESIRED: Full-time Part-time PRN (On-call) Temporary

DATE YOU CAN START: _____ PLEASE INDICATE DAYS AND SHIFTS YOU CAN WORK:
 Mon. Tues. Weds. Thurs. Fri. Sat. Sun. Shifts: _____

MINIMUM SALARY REQUIREMENT: \$ _____ WHO REFERRED YOU? _____

WERE YOU PREVIOUSLY EMPLOYED BY THIS ORGANIZATION? Yes No If yes, date(s): _____

LAST NAME AND RELATIONSHIP OF ANY RELATIVES WORKING FOR OUR COMPANY:

HAVE YOU EVER BEEN CONVICTED OF A FELONY, OR PLEADED NO CONTEST IN A FELONY, OR BEEN CONVICTED OF A MISDEMEANOR RESULTING IN IMPRISONMENT OR A FINE OVER \$500. (Conviction will not necessarily disqualify an applicant) Yes No If yes, explain: _____

IS THERE ANY REASON YOU CANNOT PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING? Yes No If yes, explain: _____

EMERGENCY CONTACT INFORMATION:

(Name)

(Phone)

(Relationship)

(Street Address / Apt. No.)

(City)

(State)

(Zip)

EDUCATION AND TRAINING	Name and Location of Schools		DATES ATTENDED		Graduated?	Degree	GPA	Major Field of Study	
	High School Last Attended	Name	From	To					Yes
		City State							
	College or University	Name							
		City State							
	Graduate School	Name							
		City State							
	Business or Vocational	Name							
		City State							
	Other								
	Typing <input type="checkbox"/> Yes <input type="checkbox"/> No WPM _____			Adding Machine <input type="checkbox"/> Yes <input type="checkbox"/> No			Calculator <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Shorthand <input type="checkbox"/> Yes <input type="checkbox"/> No WPM _____			Dictaphone <input type="checkbox"/> Yes <input type="checkbox"/> No			PBX <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Word Processing <input type="checkbox"/> Yes <input type="checkbox"/> No What type?								
	Computer Skills <input type="checkbox"/> Yes <input type="checkbox"/> No Describe								
	List special language skills, scholarships or other significant activities (exclude any information indicative of race, sex, religion, color, national origin, age, citizenship or disability):								
Current Licenses/Registrations and indicate types, dates received, and expiration dates. (MD, LCSW, RN, LPN, CNA, etc.)									

MILITARY	Were you ever in the U.S. Armed Forces?	Branch of Service	Reserve Status	
			<input type="checkbox"/> Active	<input type="checkbox"/> Inactive <input type="checkbox"/> Summer Camp
	Starting Rank	Rank at Separation	Date of Entry	Date of Separation
	Specialized Training or Experience (Identify)			
A COPY OF YOUR MILITARY DISCHARGE PAPERS MAY BE REQUESTED AFTER HIRE.				

EMPLOYMENT

Account for the past ten (10) years. Include periods of unemployment, self-employment, schooling or military service. List present (or most recent) position first. Please include any other name under which such records may appear. Attach additional sheet if more space is needed.

I authorize Lighthouse to make reference inquiries of Current Employer (Initials _____)

Name of Employer	Telephone Number	From:	Mo.	Yr.	Base Salary Per	
		To:			<input type="checkbox"/> Week	<input type="checkbox"/> Year
					Starting	Final
					\$	\$

Address		Type of Business	Other Compensations, i.e. Bonus, Shift Diff., Commissions, Etc. (Specify)		
Title/Duties and Responsibilities			Supervisor		
What did you like most about the work?		What did you like least?			
Explain your reason for leaving					
Name of Employer	Telephone Number	Mo.	Yr.	Base Salary Per <input type="checkbox"/> Week <input type="checkbox"/> Year	
		From:		Starting	Final
		To:		\$	\$
Address		Type of Business	Other Compensations, i.e. Bonus, Shift Diff., Commissions, Etc. (Specify)		
Title/Duties and Responsibilities			Supervisor		
What did you like most about the work?		What did you like least?			
Explain your reason for leaving					
Name of Employer	Telephone Number	Mo.	Yr.	Base Salary Per <input type="checkbox"/> Week <input type="checkbox"/> Year	
		From:		Starting	Final
		To:		\$	\$
Address		Type of Business	Other Compensations, i.e. Bonus, Shift Diff., Commissions, Etc. (Specify)		
Title/Duties and Responsibilities			Supervisor		
What did you like most about the work?		What did you like least?			
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		From:		Starting	Final
		To:		\$	\$
Address		Type of Business	Other Compensations, i.e. Bonus, Shift Diff., Commissions, Etc. (Specify)		
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What did you like most about the work?		What did you like least?			
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Name of Employer	Telephone Number	Mo.	Yr.	Base Salary Per <input type="checkbox"/> Week <input type="checkbox"/> Year	
		From:		Starting	Final
		To:		\$	\$
Address		Type of Business	Other Compensations, i.e. Bonus, Shift Diff., Commissions, Etc. (Specify)		
Title/Duties and Responsibilities			Supervisor		
What did you like most about the work?		What did you like least?			
Explain your reason for leaving					

IF YOU NEED MORE ROOM, PLEASE USE A SEPARATE SHEET OF PAPER.

OTHER ACTIVITIES OR VOLUNTEER WORK

DESCRIBE YOUR OUTSIDE ACTIVITIES, VOLUNTEER WORK, OR PROFESSIONAL ORGANIZATIONS TO WHICH YOU BELONG: _____

REFERENCES

Give three references (other than relatives) who have good knowledge of your work during the past five or more years.

Name	Position	Address (Street, City, State, Zip Code)	Telephone Number (Work/Home)	Number of Years Known
1.				
2.				
3.				

IMPORTANT – PLEASE READ CAREFULLY


APPLICANT CERTIFICATION AGREEMENT

I understand that my answers to the foregoing are true and correct and understand that any false or misleading information or omission on the application shall be sufficient cause for rejection or immediate dismissal. I hereby authorize release of any information regarding any criminal convictions that may exist against me, and ask my former employers and all other persons named herein who might have information concerning me, to give any information regarding my former employment or any other information they may have regarding me, whether or not the same is a matter of record, and hereby release them and each of them from any liability for any damage whatsoever which I could or might claim because of such disclosure.

In making this application for employment, it is understood and accepted that as part of the application and employment process, and/or during employment with the Company, I may be asked to submit to physical examinations which may include testing for alcohol and drugs, and/or be fingerprinted, all in accordance with law. By signing this application, I hereby agree to submit to such examinations, tests and fingerprinting and release all persons and companies from any liability arising out of such examinations, tests, and fingerprinting.

I understand that the use of this form does not indicate that there are positions open and does not in any way obligate the Company. If employed, I agree to abide by and observe all Company rules and regulations. I further understand that any such future employment is terminable by either party at will or without notice or cause. No person other than the President of the Company may modify or amend the provisions stated herein.

In making this application, it is understood that an investigative consumer report may be made whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living.

 _____ _____
Applicant Signature *Date*

APPLICANT - DO NOT WRITE BELOW THIS SECTION

HUMAN RESOURCES

Signature of Human Resources Director/Representative

Date Application Received in Human Resources