



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 use an extra sheet of paper and attach to the application.
- **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. As part of your application for employment, you will be asked a question about convictions for crimes. If you answer this question 'yes', you will be asked to provide details. A 'yes' answer does not automatically disqualify you from employment. Failure to provide accurate information may affect your employment status.
- **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. You will be asked to sign a document giving Spring Harbor permission to conduct drug screen testing. 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 any other legally protected characteristic. 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

Social Security Number _____

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

Address _____

(City) (State) (ZIP)

Phone Number _____ Alternate Number _____

Are you 18 years of age or older? ☐ Yes ☐ No

Employment

Position applied for _____ Salary desired _____

Have you ever applied here before? _____ When? _____

Have you ever worked for Spring Harbor before? _____ When? _____

If yes, give the name(s) if different from the one given on this application _____

Are you applying for ☐ Full time ☐ Part time ☐ Regular ☐ Temporary Date available for work _____

Would you consider working any shift? ☐ Yes ☐ No Shift Preference ☐ 1st ☐ 2nd ☐ 3rd

Weekends ☐ Yes ☐ No Holidays ☐ Yes ☐ No Rotating Shifts or On-Call Shifts ☐ Yes ☐ No

General

Are you legally authorized to work in the United States? Yes ☐ No ☐ (Proof of work authorization will be required upon employment)

If the position you are applying for requires a driver's license, do you possess a valid driver's license?

Yes ☐ State _____ License No _____ No ☐

Do you have relatives working for Spring Harbor? Yes ☐ No ☐ If yes, complete the following:

Name _____ Department _____ Relationship _____

Background

Have you ever been convicted, pled guilty to or pled nolo contendere to any crime? Yes ☐ No ☐ If yes, please briefly describe the nature of the crime(s), the date and place of conviction or plea and the legal disposition of the case.

Are you currently out on bail or released on your own recognizance pending trial? Yes ☐ No ☐

This company will not deny employment to any applicant solely because the person has been convicted of a crime. The company, may, however, consider the nature, date, and circumstances of the offense as well as whether the offense is relevant to the duties of the position applied for.

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.** If you had more than one position with the same employer, list each position separately. If more space is needed, use the same format on another piece of paper. Please explain gaps of more than six months in employment on a separate piece of paper.

Company: _____ Immediate Supervisor: _____

Address: _____
(Street) (City/State) (ZIP)

Phone: _____ Dates: From _____ to _____ Type of Business: _____

Your Title: _____ Starting Salary: _____ Ending Salary: _____

Major Responsibilities: _____

Were you involuntarily discharged or asked to resign? Yes ☐ No ☐

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: _____

Were you involuntarily discharged or asked to resign? Yes ☐ No ☐

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: _____

Were you involuntarily discharged or asked to resign? Yes ☐ No ☐

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. Do not attach a copy of your transcript unless requested.

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: _____



**ACKNOWLEDGEMENT OF APPLICANT'S NON-CRIMINAL JUSTICE
PRIVACY RIGHTS AND CONSENT TO BE INCLUDED
IN THE CAREGIVER PORTAL**

SECTION I – PRIVACY RIGHTS - TO BE COMPLETED BY INDIVIDUAL BEING FINGERPRINTED:

APPLICANT TYPE: ☐ Owner (Facility)
☒ Applicant for Employment/Direct Access Employee (Facility)
☐ Non-Employee (Facility Volunteer)
☐ Contractor/Direct Access (Facility)

PRINT FULL NAME _____
Last First Middle Date of Birth
(mm/dd/yyyy)

Home Address _____
Street City State Zip

Email Address _____ Telephone No. _____

Spring Harbor at Green Island
Name of Facility

100 Spring Harbor Drive Columbus GA 31904
Street City State Zip

I hereby authorize the Georgia Department of Community Health (DCH), Office of Inspector General, to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia. I understand a State and Federal fingerprint criminal background check will be conducted. By signing below, I am indicating that I have read and understand the terms and conditions of the attached Non-Criminal Justice Applicant's Privacy Rights and Policy Act Statements.

Applicant Signature Date

SECTION II – CAREGIVER PORTAL - TO BE COMPLETED ONLY BY AN APPLICANT OR EMPLOYEE BEING FINGERPRINTED AS PART OF FACILITY LICENSURE. DOES NOT INCLUDE OWNERS OR FAMILY EMPLOYERS.

APPLICANT TYPE ☐ Applicant for Employment/Direct Access Employee (Licensed Facility)
☐ Non-Employee (Volunteer at Licensed Facility)
☐ Contractor/Direct Access Employee (Licensed Facility)

The Georgia Caregiver Portal only contains the eligibility status of applicants and employees who have successfully passed the background screening process. The Caregiver Portal does not contain the names of applicants and employees who are ineligible. Family employers can access the Caregiver Portal to view a prospective applicant or current employee's eligibility to determine their suitability for employment to provide personal care services to that employer's elderly family member or wards. All services are performed at locations not licensed by DCH. Individuals should check one of the boxes below.

- ☐ I agree to the results of my background check determination being available to family employers in the Georgia Caregiver Portal.
- ☐ I am seeking employment only by licensed healthcare employers. I do not want or agree to the results of my background check determination being available to family employers.

Applicant Signature Date