



APPLICATION FOR EMPLOYMENT

Liberty County Hospital & Nursing Home Inc. dba Liberty Medical Center, An Equal Opportunity Employer. If applicable to Company, reasonable accommodation under the Americans with Disabilities Act will be provided as required by law.

Last Name		First Name		Middle Initial		Social Security Number:	
Physical Address			City/State		Zip Code		Home Phone Number:
Mailing Address(if different from above)			City/State		Zip Code		Cell Phone Number:
If hired, can you provide evidence of legal eligibility to work in the U.S.?				Any offer of employment is conditioned upon completing form I-9 and providing the appropriate documents for identity and work authorization.			
Position Desired:		Wage/Salary Desired:		Full Time? Part Time?			
Have you ever been convicted of a felony, or a misdemeanor involving any violent act, use or possession of a weapon, or act of dishonesty for which the record has not been sealed or expunged, or do you have such a case pending?			If yes, when?		If yes, where?		
Date you can begin work?		Are you 18 years of age or older?		If under 18 years of age, you will be required to submit a birth certificate as required by federal law.			
Name of high school attended:		City & State		Graduate?		GED?	
Name of college or technical school:		City & State		Graduate?		Degree? Major:	
Are you presently enrolled in school?		If yes, give name & address of school and expected degree date:					
List any job skills or qualifications which may be of special benefit in the job for which you are applying?							
- Your Availability For Work -							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							
Total hours per week you are available to work:			Do you have any special requests or needs for a work schedule?				

- Give Three References That Are Not Former Employers Who We May Contact -

Name and Occupation	How do you know them, and for how long?	Phone Number

Your Employment History

List names of employers with present or last employer listed first.
Please note if we may not contact your present employer until after you are offered a position.

Name of Employer:	Job Title: Duties:
Address:	Dates of Employment: From: To:
City, State, Zip Code	Hourly pay or salary: Starting pay: Ending pay:
Supervisor: Telephone:	Reason for Leaving:
Name of Employer:	Job Title: Duties:
Address:	Dates of Employment: From: To:
City, State, Zip Code	Hourly pay or salary: Starting pay: Ending pay:
Supervisor: Telephone:	Reason for Leaving:
Name of Employer:	Job Title: Duties:
Address:	Dates of Employment: From: To:
City, State, Zip Code	Hourly pay or salary: Starting pay: Ending pay:
Supervisor: Telephone:	Reason for Leaving:

CAREFULLY READ EACH STATEMENT BEFORE SIGNING AT THE BOTTOM

I certify that all of the information provided in this employment application is true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application, including a criminal background check. I understand that any false or incomplete information may disqualify me from further consideration for employment and may result in my immediate discharge if discovered at a later date.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer, past employers, and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I have read, understand, and agree to the above statements.

Signature:

Date: