

	Eleven Pecan Drive Columbia, MS 39429 601-736-4747 Phone	<h2 style="margin: 0;">APPLICATION FOR EMPLOYMENT</h2>	Today's Date _____
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### PERSONAL INFORMATION

Name \_\_\_\_\_ Social Security# \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Alternate Number/Name of contact \_\_\_\_\_

### EDUCATION/TRAINING

School	Name & Address	Courses Taken	Did You Graduate?	Diploma, Degree, or Certificate Received
High School	_____		Yes    No Date _____	
	_____			
College	_____		Yes    No Date _____	
	_____			
Lab or X-ray Training	_____		Yes    No Date _____	
	_____			
Other Classes/Training _____				

Extracurricular Activities While in School \_\_\_\_\_

Area of Specialization or Major Interest \_\_\_\_\_

Professional Organization Membership, Honors Received, volunteer or Community Service or Other Qualifications You Have Which You Feel are Related to the Position for Which You are Applying: \_\_\_\_\_

### PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

Type	Organization or State Issued	Date Issued	Number
Type	Organization or State Issued	Date Issued	Number
Type	Organization or State Issued	Date Issued	Number

### MILITARY RECORD

Military Branch	Entry Rank	Separation Rank	Separation Date(s)	Military Occupational Specialty
Specialized Training _____				
List Service Awards, Commendations _____				

Have you ever been convicted of a crime?    Yes    No    If so, for what, when and where? \_\_\_\_\_

Conviction of a criminal offense will not necessarily preclude your employment.

Pursuant to section § 43-11-13, Mississippi Code of 1972 and § 43-20-8, Mississippi State Department of Health, Division of Licensure and Certification, shall require to be performed a Criminal History Record Check (CHRC) on every new employee of a licensed entity who provides direct patient care or services and who is employed on or after July 01, 2013. List of Disqualifying Events per Mississippi State Department of Health: Possession or sale of drugs, Murder, Manslaughter, Armed Robbery, Rape, Sexual Battery, Sex Offense (listed in Section 45-33-23, Mississippi Code of 1972), Child Abuse, Arson, Grand Larceny, Burglary, Gratification of Lust, Aggravated Assault, Felonious Abuse and or Battery of Vulnerable Adult.

**Per facility policy, The Grove fingerprints all perspective new hires since all employees have opportunity for contact with residents of this facility.**

### EMPLOYMENT HISTORY List current (or most recent) employer first and all others in reverse chronological order.

Company Name	Dates Employed					
	From	Month	Year	To	Month	Year
Address	Phone			Starting Salary \$	Ending Salary \$	
Position Title		Immediate Supervisor's Name and Title				
Job Description & Responsibilities:					May we contact for reference? Yes    No	

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Address		Phone			Starting Salary	Ending Salary	
					\$	\$	
Position Title		Immediate Supervisor's Name and Title					
Job Description & Responsibilities:					May we contact for reference?		
					Yes No		

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					Yes No		

**PERSONAL REFERENCES** List Three References Who Are Not Relatives or Employers

Name and Relationship	Title	Company Name & Address	Telephone

**EMPLOYMENT DESIRED**

Type of Work Desired	Shift	Salary/Wages	How did you learn of this opening?
First Choice		\$	
Second Choice		\$	
			Will you accept: Full Time Part Time PRN Temporary

Are you available to work (circle all that apply): Weekends Holidays Rotating Shifts On-call Day Evening Night

Date you are available for work \_\_\_\_\_ If you are under 18 years of age, do you have a work permit? Yes No

Do you limit your annual earnings due to Social Security or other reasons? Yes No

If yes, please state what is the maximum amount you wish to earn \_\_\_\_\_

I understand that emergency conditions may require me to temporarily work shifts other than the one for which I am applying and agree to such scheduling change as directed by my department head or administrator of this institution.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

*If your availability status changes, it is your responsibility to notify your department head or the administrator. Such changes will be effective, then, for any future employment.*

This institution does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, Vietnam era veteran status, or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take the physical examination, and such future physical examinations as may be required by this institution at such times and places as the institution shall designate. I understand that an offer of employment may be contingent on passing the physical examination which relates to the essential duties I would be required to perform.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

If employed, I will be required to complete an Employment Verification Form (I-9), and within three days show satisfactory evidence of identity and eligibility for employment.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_