

# APPLICATION FOR EMPLOYMENT

(Please Print Plainly)

## PERSONAL INFORMATION

Date \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle Initial

Present address \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Permanent Address (if different from Present Address) \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position(s) applied for \_\_\_\_\_ Rate of pay expected \$ \_\_\_\_\_

Would you work Full-Time  Yes  No Part-Time  Yes  No Specify days and hours if part time \_\_\_\_\_

List Volunteer or Community Service Positions (work) which you feel are related to the position for which you are applying: \_\_\_\_\_

Briefly state any special skills or qualifications you have which you feel are related to the position for which you are applying.

Were you previously employed by us?  Yes  No If yes, when? \_\_\_\_\_

List any friends or relatives working for us \_\_\_\_\_  
Name Relationship

\_\_\_\_\_ Name Relationship

Have you ever been convicted of a crime?  Yes  No (Note: Conviction of a criminal offense will not necessarily preclude your employment.)

If yes, describe in full: \_\_\_\_\_

If your application is considered favorably, on what date will you be available for work? \_\_\_\_\_ 20 \_\_\_\_\_

Person to be notified in case of accident or emergency

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**RECORD OF EDUCATION**

School	Name and Address of School	Course of Study or Major Field	Circle Last Year Completed				Did You Graduate?  <input type="checkbox"/> Yes <input type="checkbox"/> No	List Diploma or Degree
			9	10	11	12		
High School			9	10	11	12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**MILITARY SERVICE RECORD**

Were you in U.S. Armed Forces?  Yes  No      If yes, what branch? \_\_\_\_\_

Dates of Duty: From     /    /     To     /    /     Rank at Discharge \_\_\_\_\_  
Month Day Year                      Month Day Year

List duties in the service including special training \_\_\_\_\_

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**PERSONAL REFERENCES (Do Not Include Relatives or Former Employers)**

Name and Occupation	Address	Phone Number

**Employment History** (start with your most recent employer)

**Please list school or college where you received your training** \_\_\_\_\_

1. Company or Organization \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Employment Dates: \_\_\_\_\_ To \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Wages Per hour \_\_\_\_\_ Wages per week \_\_\_\_\_  
May we contact this employer \_\_\_\_\_

2. Company or Organization \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Employment Dates: \_\_\_\_\_ To \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Wages Per hour \_\_\_\_\_ Wages Per week \_\_\_\_\_  
May we contact this employer \_\_\_\_\_

3. Company or Organization \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Employment Dates: \_\_\_\_\_ To \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Wages Per hour \_\_\_\_\_ Wages Per week \_\_\_\_\_  
May we contact this employer \_\_\_\_\_

I certify that the information in this application is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Southland Health Care Center**  
**722 South Dargan Street**  
**Florence, SC 29506**

Reference: Criminal and Credit Background Check  
Motor Vehicle Check  
Reference Checks listed on application

Employee represents that he: (i) has not been convicted of a criminal offense related to healthcare (unless such individual has been officially reinstated into the Federal healthcare programs by the Office of Inspector General and provided proof to Commander/Southland of such reinstatement; (ii) is not under sanction, exclusion, or investigation (civil or criminal) related to health care by any Federal or state enforcement, regulatory, administrative, or licensing agency or is ineligible for Federal or state program participation; or (iii) is not listed on the General Services Administration or List of Parties Excluded From the Federal Procurement and Non-Procurement Programs of OIG List of Excluded Individuals/Entities.

This is to verify that Southland Health Care Center is permitted to conduct a criminal/credit background check, motor vehicle check, and check references listed on my application whether I am considered for a position or not.

I also understand that Southland Health Care Center conducts criminal/credit background checks, motor vehicle checks, and reference checks on all applicants for employment.

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Have you ever been employed at Folk Nursing Center, Commander Nursing Center, or Southland Health Care Center?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please furnish dates of employment: \_\_\_\_\_

## SOUTHLAND HEALTH CARE CENTER

THANK YOU FOR COMPLETING AN APPLICATION WITH OUR FACILITY.

DUE TO THE NUMBER OF APPLICATIONS COMPLETED EACH WEEK, WE ARE REQUESTING THAT YOU DO NOT CALL TO CHECK ON YOUR APPLICATION.

IF YOU ARE SELECTED FOR AN INTERVIEW, WE WILL CONTACT YOU BY PHONE. AGAIN, THANK YOU FOR YOUR INTEREST AND TIME.

IN ORDER FOR YOUR APPLICATION TO BE CONSIDERED THE FOLLOWING IS REQUIRED AND SHOULD BE FILLED OUT ENTIRELY:

1. The front of the application should be filled out entirely. Please include Social Security Number and a correct telephone number.
2. Page 2: record of education and personal references should be completed. If you are currently a Military personnel or past Military personnel, please complete this section.
3. Page 3: below employment record, Answer the two questions 1) Have you ever been bonded? 2) May we contact present and previous employers. Please sign and date bottom of page 3.
4. **EMPLOYMENT HISTORY** (SINGLE SHEET) MUST BE COMPLETED ENTIRELY, SIGNED AND DATED. **Please provide all previous employers telephone numbers.**
5. DHEC requires we do a background check on all employees. Please complete, sign and date the **Criminal/Background check page.**
6. U.S. DEPT. OF LABOR should be answered with a Yes or No, Sign and Date bottom of page.
7. If you have a Resume, we ask that you fill out the employment history page and attach your resume.
8. Again, please **do not call about your application** unless your telephone numbers changes or your job status changes.

Thank You

**EMPLOYMENT RECORD**  
**(List All Present and Past Positions, Beginning with Most Recent)**

	Name and Address of Company and Type of Business	From		To		Describe in detail the work you did	Weekly Starting Salary	Weekly Ending Salary	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.				
1.									
2.									
3.									
4.									
5.									
6.									

Have you ever been bonded?  Yes  No If yes, on what jobs? \_\_\_\_\_

May we contact the employers listed above?  Yes  No If not, indicate by number which one(s) you do not wish us to contact \_\_\_\_\_

This institution does not discriminate in hiring or in 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 physician 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.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date