

Instructions & Checklist Employment Application

This package contains: (1) Instructions and Checklist for the Employment Application; (2) Employment Application.

The applicant should sign the employment application.

If the applicant is hired, a copy of their employment application should be kept with their other employment records.

Current CPR card

Employment eligibility

Georgia professional license copy

Current TB test result

Criminal background check or police report

**CROWN HEALTH CARE SERVICES, INC.
120 CARNEGIE PLACE, SUITE 204
FAYETTEVILLE, GA. 30214
PH: 770-719-3409 FAX: 770-719-3409**

APPLICATION FOR EMPLOYMENT

It is the policy of this company to provide equal employment opportunities to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, physical or mental handicap or veteran status.

Note: Please type or print your answers. If you print, please do so in blue or black ink and write neatly. An illegible application may preclude you from consideration.

POSITION APPLYING FOR: _____ **Date:** _____

PERSONAL INFORMATION

First Name Middle Initial Last Name

Current Address:

Street and Apt. # City State Zip Code

Permanent Address (if different from above):

Street and Apt. # City State Zip Code

Telephone: _____ E-mail: _____

Social Security #: _____ - _____ - _____ Driver's License #: _____ State: _____

I am an U.S. Citizen or otherwise authorized to work in the United States on an unrestricted basis:

Yes No

If applicable, please list your visa type, visa # and expiration: _____

STATEMENT OF COMPANY INTEGRITY

Crown Health Care Services, Inc.: is committed to conducting business affairs in a responsible, ethical, and professional manner in compliance with applicable laws and regulations. Your responses to the following questions will help us achieve these objectives.

Are you now or have ever been investigated by any governmental agency for health care fraud, abuse or other alleged offences? **Yes No**

Please explain _____

Last Name: _____ First Name: _____ Middle Initial: _____

Are you excluded from participating in any government programs such as Medicaid and Medicare, due to fraud and /or abuse? **Yes** **No**
Please explain: _____

Have you ever been convicted of a felony? **Yes** **No**
If you answered yes, please explain:

Have you ever served in the U.S. Military? **Yes** **No**
If yes, please provide the following information:
Branch of Service: _____ Rank at time of separation: _____
I served from _____ to _____.
Special Honors:

Duties or Special Training:

Have you ever been fired or asked to resign? **Yes** **No** If yes please explain _____

EMERGENCY INFORMATION

In case of emergency, please contact the following:

Name: _____ Relationship: _____ Home Phone: _____

Address: _____ Cell Phone: _____

Last Name: _____ First Name: _____ Middle Initial:

EMPLOYMENT HISTORY:

Present or Most Recent Employer

Employer: _____ Address: _____

Your Position: _____ Salary: _____

Duties: _____

Dates of Employment: _____ to _____

Supervisor: _____	_____	May we contact?	Yes
No	Name	Title	

Reasons for Leaving: _____

Prior Employer

Employer: _____ Address: _____

Your Position: _____ Salary: _____

Duties: _____

Dates of Employment: _____ to _____

Supervisor: _____	_____	May we contact?	Yes
No	Name	Title	

Reasons for Leaving: _____

Prior Employer

Employer: _____ Address: _____

Your Position: _____ Salary: _____

Last Name: _____ First Name: _____ Middle Initial:

Duties: _____

Dates of Employment: _____ to _____

Supervisor: _____	_____	May we contact?	Yes
No	Name	Title	

Reason for leaving: _____

Last Name: _____ First Name: _____ Middle Initial:

EDUCATION

High School

Name and Address

Did you graduate? Yes No Attended from _____ to _____.

If you did not graduate, did you receive your GED? Yes No

Special honors or
awards: _____

Technical or Vocational School

Name and Address

Did you graduate? Yes No Attended from _____ to _____.

Degree or Certification: _____ Specialty:

Special honors or
awards: _____

College or University

Name and Address

Did you graduate? Yes No Attended from _____ to _____.

Degree: _____ Major: _____

Special honors or
awards: _____

College or University

Name and Address

Last Name: _____ First Name: _____ Middle Initial:

Did you graduate? Yes No Attended from _____ to _____.

Degree: _____ Major: _____

Special honors or awards: _____

Last Name: _____ First Name: _____ Middle Initial: _____

POSITION INFORMATION:

Position Specifications

Position Applying For: _____

How did you hear about this job? _____

What hours are you willing to work? _____

Would you be able to work weekends? **Yes** **No**

Are you willing to travel for the job? **Yes** **No**

When would you would you be able to start? _____

Desired salary: _____ per _____

Skills

Please describe any skills you have in the following areas:

Computer:

Languages Spoken (other than English):

Other:

I hereby certify that my answers and assertions set forth in this application are true and complete to the best of my knowledge. If I am employed, I understand that any false statements on this application shall be considered sufficient cause for my dismissal. I hereby authorize this company to investigate any aspect of my prior educational and employment history.

Furthermore I understand that if I am hired, employment with this company is "at will," which means that either the company or I can terminate my employment for any reason not prohibited by state or federal law.

Signature: _____ **Date** _____