

Please read the following before completing this application:

DATE _____

Welcome to Toccoa Clinic. We appreciate your interest in our organization. The Clinic will hold your application for a period of 180 days. If during that period a position opens for which you are qualified, your application may be pulled for review. At the end of that period, your application will be shredded to protect your identity information.

Legal notice: The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits other types of discrimination such as age, citizenship, disability, veteran status, attainment of benefits, and participation in union activities. The laws of most states and many localities also prohibit some or all of the above types of discrimination as well as some additional types including, but not limited to, discrimination based upon ancestry, marital status, parental status sexual orientation, or source of income. The Fair Credit Reporting Act imposes restrictions with respect to credit data. This list, however is not exhaustive of the grounds on which discrimination is prohibited.

TOCCOA CLINIC IS AN AT WILL EMPLOYER – MEANING THAT EITHER PARTY CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON.

Policy notice:

It is the policy of Toccoa Clinic to maintain a “**Drug-Free**” workplace. To that end, a drug screen is required at time of hire. Positive results may result in the job offer being withdrawn.

It is the policy of Toccoa Clinic to access **criminal history** information on all personnel at time of hire. Positive results may result in the job offer being withdrawn.

It is the policy of Toccoa Clinic to be a **smoke-free** property. Toccoa Clinic owns the property on which it sits. This is not just pertaining to the building, but to the grounds as well.

Nepotism (the hiring of family members of employees) is frowned upon within Toccoa Clinic. If related to a current employee, you must report same on this application.

EMPLOYMENT APPLICATION

PLEASE PRINT PLAINLY

Name _____
Last First Middle

Prior last names _____

Address _____
No. Street City State Zip

Social Security # _____ Telephone _____

Position(s) for which you are qualified _____

Have you been employed by us in the past? Yes___ No___ If yes, when? _____

If considered for employment, what is the date of availability? _____

Please list skills, knowledge, and abilities which qualify you for a position with Toccoa Clinic. _____

Are you legally eligible for employment in the United States? Yes___ No___

Are you over eighteen years of age? Yes___ No___

Please list any criminal convictions with dates (disregard if pardoned, annulled, expunged, sealed, or impounded).

Please list any family members that work for Toccoa Clinic and how you are related to them:

EDUCATION

High School name and address _____
_____ Graduate? Yes___ No___

College/Other name and address _____

Course of Study _____ Graduate? Yes___ No___

College/Other name and address _____

Course of Study _____ Graduate? Yes___ No___

References – not employers or relatives

Name Occupation Address Phone

1 _____

2 _____

3 _____

Best time to call at home in reference to application _____

Secondary number(s) to reach you _____

EMPLOYMENT HISTORY – MOST RECENT FIRST

Name of Company Address

Type of Business Supervisor Telephone

Dates of Employment Starting pay Ending pay

Describe duties in detail _____

Reason for Leaving _____

May we call this employer? Yes___ No ___ Signature_____

Name of Company Address

Type of Business Supervisor Telephone

SIGNATURE ONLY REQUIRED ON THIS PAGE AFTER READING PARAGRAPH AT BOTTOM

Name of reference/employer/supervisor

Date

Comments

Name of reference/employer/supervisor

Date

Comments

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Date

Comments

Name of reference/employer/supervisor

Date

Comments

The facts set forth in my application are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way. If the employer decides to employ me, I understand and agree that my employment is at-will and can be terminated by either party with or without notice, at any time, for any reason or no reason., No one other than an officer of the Clinic has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in a writing signed of an officer.

Signature of applicant

PRE-EMPLOYMENT DRUG TESTING CONSENT AND RELEASE FORM

I hereby consent to submit to urinalysis and/or other tests as shall be determined by the Toccoa clinic in the selection process of applicants for employment or partnership, for the purpose of determining the drug content thereof.

I agree that Toccoa Clinic Laboratory may collect these specimens for these tests and may test them or forward them to a testing laboratory designated by the Clinic for analysis.

I further agree to and hereby authorize the release of the results of said tests to the Clinic.

I further agree to hold harmless the Clinic and its agents (including the Toccoa Clinic Laboratory) from any liability arising in whole or part, out of the collection of specimens, testing, and use of the information from said testing in connection with the Clinic's consideration of my application of employment.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

APPLICANT:

Print Name: _____ S.S.#: _____

Signature: _____ Date: _____

WITNESS:

Print Name: _____

Signature: _____

CRIMINAL HISTORY CONSENT FORM

I hereby authorize TOCCOA CLINIC 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.

Full Name Printed

Address

Date of Birth

Social Security Number

Sex

Race

E
Purpose Code

Date

Signature

Notary