

# DOLLY'S COMMUNITY LIVING ARRANGEMENT

38 South Broad Street #100 • Winder, Georgia 30680 • (770) 307-0125 • Fax (678) 261-5928

## Employment Application

Please print in ink.

Today's date \_\_\_\_/\_\_\_\_/\_\_\_\_

### PERSONAL INFORMATION

Name \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Last First M.I.

Permanent address: \_\_\_\_\_  
Street Apt. # City State Zip code

Mailing address (if different) \_\_\_\_\_  
Street Apt. # City State Zip code

Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_ Second phone # ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell # ( ) \_\_\_\_\_ - \_\_\_\_\_

Pager # ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax # ( ) \_\_\_\_\_ - \_\_\_\_\_ E-mail \_\_\_\_\_

Type of degree \_\_\_\_\_ Position applying for \_\_\_\_\_

Shift preference  a.m.  p.m.  either Can you provide proof of eligibility to work in the U.S?  yes  no

How did you hear about DCLA? (If a person, tell us who) \_\_\_\_\_

Date available to begin work \_\_\_\_/\_\_\_\_/\_\_\_\_

Emergency contact \_\_\_\_\_ Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_

### EDUCATION

Name and location of school	Did you graduate?	Graduation date	Type of degree
	<input type="checkbox"/> yes <input type="checkbox"/> no		
	<input type="checkbox"/> yes <input type="checkbox"/> no		
	<input type="checkbox"/> yes <input type="checkbox"/> no		
	<input type="checkbox"/> yes <input type="checkbox"/> no		

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## SPECIALIZATIONS

List all specialty areas that you have worked in the last five years.

<u>Area</u>	<u>Length in area</u>
_____	_____
_____	_____
_____	_____
_____	_____

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## LICENSURE

Original state of licensure \_\_\_\_\_ Current?  yes  no

State licensed \_\_\_\_\_ License # \_\_\_\_\_ Valid through \_\_\_\_\_

State licensed \_\_\_\_\_ License # \_\_\_\_\_ Valid through \_\_\_\_\_

State licensed \_\_\_\_\_ License # \_\_\_\_\_ Valid through \_\_\_\_\_

State licensed \_\_\_\_\_ License # \_\_\_\_\_ Valid through \_\_\_\_\_

Has your license ever been suspended or revoked:  yes  no  If yes, explain \_\_\_\_\_

\_\_\_\_\_

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## CERTIFICATIONS

Please check all that apply.

CPR Valid through \_\_\_\_\_

FIRST AID Valid through \_\_\_\_\_  Other \_\_\_\_\_

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## ADDITIONAL INFORMATION

Have you even been convicted of a crime other than a minor traffic violation?  yes  no

(A conviction will not necessarily bar you from employment.)

If yes, when and where? Date \_\_\_\_\_ City/State \_\_\_\_\_

Explain \_\_\_\_\_

Is there anything that would prohibit your employment at a homehealth/healthcare facility?  yes  no

If yes, explain \_\_\_\_\_

Are there shifts or days that you are not available?  yes  no

If yes, when? \_\_\_\_\_

Do you speak any other languages besides English proficiently?  yes  no

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If yes, list \_\_\_\_\_

Do you presently, or have you had any military affiliation?  yes  no If yes, what type \_\_\_\_\_

## EMPLOYMENT EXPERIENCE

Are you currently employed?  yes  no If yes, may we contact your current employer?  yes  no

*Please start with your present or most recent employer. Complete all areas that apply.*

Employer	Address	Phone #	
Title	Unit(s)	Number of beds on unit/floor	
Immediate Supervisor	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Travel assignment? <input type="checkbox"/> yes <input type="checkbox"/> no Charge experience? <input type="checkbox"/> yes <input type="checkbox"/> no	From (MM/DD/YY) ____/____/____	To (MM/DD/YY) ____/____/____
Responsibilities		Beginning salary	Ending salary
Reason(s) for leaving or wanting to leave			

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	Travel assignment? <input type="checkbox"/> yes <input type="checkbox"/> no	____/____/____	____/____/____
	Charge experience? <input type="checkbox"/> yes <input type="checkbox"/> no		
Responsibilities		Beginning salary	Ending salary
Reason(s) for leaving or wanting to leave			

## CONTINUING EDUCATION

Name of Course	Date taken	CEU earned

## REFERENCES

Give names of persons (excluding relatives) we may contact to verify your qualifications for the position.

Name	Occupation	Organization
	Day phone	Address
Name	Occupation	Organization
	Day phone	Address
Name	Occupation	Organization
	Day phone	Address

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## **SUMMARY**

I hereby agree and understand that, as a condition of my employment or continued employment, I may be required by the company to submit to a physical examination, drug testing or other tests, a search or examination of myself or personal property while on the company's premises or while conducting business elsewhere, if such is not prohibited by law.

If employed, I agree to abide by the directives, rules and regulations of Dolly's Community Living Arrangement, both present and future. I understand that the employment is for no definite period of time and may be terminated at will by myself or Dolly's Community Living Arrangement with or without cause or notice at any time. I further understand that no representative of the company has the authority to enter into any employment agreement contrary to the above.

I certify that my application for employment is true and complete, and I understand that, if employed, false or omitted statements on this application or any other company documents will subject me to immediate dismissal. I further authorize all contacted persons and former employees to provide information concerning this application, my background and suitability for employment, and I release such persons and former employers from liability for providing such information. The company is also hereby authorized to make any investigation of court, police, character or any previous employment records.

Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_