EMERALD HEALTHCARE SVCS INC.
(An Equal Opportunity Employer)

APPLICATION PACKET

PERSONAL INFORMATION DATE: _____

NAME_____ SS#_____/_____/_____ Birth Date: _____/_____/_____
(Last) (First)
ADDRESS_____
(Street) (City) (State) (Zip)
TELEPHONE (HOME) _____ (CELL) _____ (OTHER) _____

MARITAL STATUS ( ) SINGLE ( ) MARRIED

Emergency Contact: _____ Phone# ( ) _____

Position applied for? _____ Date Available? _____ Days Avail? M T W T F S S / Same Day Assignments? Y__ N__

Do you have use of automobile and current auto insurance? _____ Are you on Bus Line? _____ Salary Required? _____

(Please submit a copy of the current Auto Insurance Policy)

Have you ever been convicted of a felony? _____ If, yes please explain? _____

_____

EDUCATION HISTORY

Last grade completed (circle) High School: 6 7 8 9 10 11 12

Name of High School_____ State_____

Last Year completed (circle) College or Trade School: 1 2 3 4

Name of College or Trade School_____ State_____

State any experience, special skill, or qualification, which you feel qualifies you to work for EMERALD HEALTHCARE SERVICES

_____

_____

REFERENCE

List three (3) personal and/or professional references:

Name_____ Relationship_____

Address_____ Phone ( ) _____ Years Known_____

_____

Name_____ Relationship_____

Address_____ Phone ( ) _____Years Known_____

_____

Name_____ Relationship_____

Address_____ Phone ( ) _____ Years Known_____

_____

EMPLOYMENT HISTORY

List your last five years employment history below starting with the present job. Please ask if additional paper is required.

There may be period that you were not employed please, explain in the space provided.

Employer_____ Address: _____

Dates employed: Month/Year: _____ to Month/Year: _____ Final Wage: _____

Please, explain any period you where not employed? Month: _____ Reason? _____

Immediate Supervisor: _____ Company Phone # ( ) _____ Job Title: _____

Duties / Responsibilities: _____

Was Separation ( ) Voluntary ( ) Involuntary? Reason: _____

Employer_____ Address: _____

Dates employed: Month/Year: _____ to Month/Year: _____ Final Wage: _____

Please, explain any period you where not employed? Month: _____ Reason? _____

Immediate Supervisor: _____ Company Phone # ( ) _____ Job Title: _____

Duties / Responsibilities: _____

Was Separation ( ) Voluntary ( ) Involuntary? Reason: _____

Employer_____ Address: _____

Dates employed: Month/Year: _____ to Month/Year: _____ Final Wage: _____

Please, explain any period you where not employed? Month: _____ Reason? _____

Immediate Supervisor: _____ Company Phone # ( ) _____ Job Title: _____

Duties / Responsibilities: _____

Was Separation ( ) Voluntary ( ) Involuntary? Reason: _____

As an applicant for employment with. EMERALD HEALTHCARE SERVICES I understand the following:

- I certify that the facts contained in this application are true and complete to the best of my knowledge and understand they are subject to verification. If employed; falsified statements on this application shall be grounds for dismissal.
- I understand that under conditional offer of employment I am required to submit to pre-employment drug and alcohol screening. The results of such testing may be grounds for withdrawing the offer or employment.
- I must meet the employability requirements of Federal Immigration Law and submit appropriate documentation to satisfy the requirements for completing INS Form I-9.
- If my application for employment is accepted, the effective date of my employment may be time I actually begin to work.
- If I accept the employment, I agree to comply with and be bound by the safety and health rules and regulations and rules of conduct of **EMERALD HEALTHCARE SERVICES.** altogether with obligations set forth in the Company policies.

Will you authorize **EMERALD HEALTHCARE SERVICES.** to contact each of your previous employers and references? () Yes () No
State which of your previous employers you do not want us to contact, give the reason why?

Employer: _____ Reason: _____

Applicant's Signature_____ ***Date***_____

For Office Use Only

Position: _____ ***Hire Date***_____ ***Wage:*** _____ ***Remark*** _____

_____ _____

Administrative Assistant's Signature and Date ***Administrator's Signature and Date***

Dear Applicant:

We also need a copy of the following documents for your application to be completed.

- Resume & Employment References
- Copy of Social Security Card
- Copy of State ID *I* Drivers License
- Copy of CPR Certification Card
- Copy of DHR issued CNA Certification
- Copy of LPN/RN issued by the state of GA.
- Criminal Background Check
- Copy of PPD (Tuberculosis Skin Test) or Chest -X ray