

# APPLICATION FOR EMPLOYMENT



**Brandon Wilde**

**4275 Owens Road**

**Evans, GA 30809**

**(706) 868-9800**

**Fax (706) 854-3503**

**Job Line (706) 854-3500**

**www.brandonwilde.com**

Applicants requiring reasonable accommodation for the application and/or interview process should notify the Human Resources Department

Name: \_\_\_\_\_  
Last
First
Middle

Address: \_\_\_\_\_

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

Other names under which you have been employed: \_\_\_\_\_

Telephone number \_\_\_\_\_ Cell phone number \_\_\_\_\_

SS# \_\_\_\_\_ Email \_\_\_\_\_

Position Applying for:	Part Time	Full Time	Shift	Days Available for work
LPN			<input type="checkbox"/> 7 a.m. — 3 p.m. <input type="checkbox"/> 11 p.m.— 7 a.m. <input type="checkbox"/> 3 p.m.—11 p.m.	Sun Mon Tues Wed Thu Fri Sat
C NA			<input type="checkbox"/> 7 a.m. — 3 p.m. <input type="checkbox"/> 11 p.m.— 7 a.m. <input type="checkbox"/> 3 p.m.—11 p.m.	Sun Mon Tues Wed Thu Fri Sat
RN			<input type="checkbox"/> 7 a.m. — 3 p.m. <input type="checkbox"/> 11 p.m.— 7 a.m. <input type="checkbox"/> 3 p.m.—11 p.m.	Sun Mon Tues Wed Thu Fri Sat
Cook			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	Sun Mon Tues Wed Thu Fri Sat
Wait staff			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	Sun Mon Tues Wed Thu Fri Sat
Utility			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	Sun Mon Tues Wed Thu Fri Sat
Housekeeper				
Floor care				
Maintenance Tech				
Security				
Other _____				

Date available for work \_\_\_\_\_ Minimum wage required \_\_\_\_\_

Are you legally eligible to work in this country?  Yes     No

If under 18, and it is required, can you furnish a work permit?  Yes     No

Are you currently employed by University Hospital, Kentwood or Westwood,  Yes     No  
 Crothall-UH Plant Services, Crothall-UH EnvSvcs or Morrison Dietary Svcs?

Have you been employed by University Hospital, Kentwood or Westwood, Yes     No

If yes, circle appropriate one and list dates of employment \_\_\_\_\_

Referred by: \_\_\_\_\_

Relative employed at Brandon Wilde? Department: \_\_\_\_\_ Relationship: \_\_\_\_\_

**WORK HISTORY:** List present or most recent employer first. (Include military employment, temporary, PRN and part-time employment as well as full-time positions for the past five years).

Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Job Title \_\_\_\_\_  
Summarize nature of work performed \_\_\_\_\_  
\_\_\_\_\_  
Immediate Supervisor \_\_\_\_\_ Title \_\_\_\_\_  
May we contact for reference?  Yes  No  Later date  
Hourly rate/salary : \_\_\_\_\_ Dates Employed: Start: \_\_\_\_\_ End: \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Job Title \_\_\_\_\_  
Summarize nature of work performed \_\_\_\_\_  
\_\_\_\_\_  
Immediate Supervisor \_\_\_\_\_ Title \_\_\_\_\_  
May we contact for reference?  Yes  No  Later date  
Hourly rate/salary : \_\_\_\_\_ Dates Employed: Start: \_\_\_\_\_ End: \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Job Title \_\_\_\_\_  
Summarize nature of work performed \_\_\_\_\_  
\_\_\_\_\_  
Immediate Supervisor \_\_\_\_\_ Title \_\_\_\_\_  
May we contact for reference?  Yes  No  Later date  
Hourly rate/salary : \_\_\_\_\_ Dates Employed: Start: \_\_\_\_\_ End: \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Job Title \_\_\_\_\_  
Summarize nature of work performed \_\_\_\_\_  
\_\_\_\_\_  
Immediate Supervisor \_\_\_\_\_ Title \_\_\_\_\_  
May we contact for reference?  Yes  No  Later date  
Hourly rate/salary : \_\_\_\_\_ Dates Employed: Start: \_\_\_\_\_ End: \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

**Skills and Qualifications** Please complete information below for any current license required for the position in which you are applying.

CNA License number \_\_\_\_\_  Other \_\_\_\_\_  
 LPN License number \_\_\_\_\_ Date obtained \_\_\_\_\_  
 RN License number \_\_\_\_\_ License number \_\_\_\_\_

Total number of years experience in the same job for which you are applying \_\_\_\_\_

Summarize any job related training, skills, licenses and or certifications \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Education**

	School Attended	Number of Years Completed	Diploma/Degree	Course of Study
High School				
Undergraduate College				
Graduate College				
Professional School/ Training/Other				
Professional School/ Training/Other				
Professional School/ Training/Other				

**References** - Please provide name, address and phone number for three work references.

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Have you **ever** plead “guilty” or “no contest” to a crime?  Yes  No

If yes, please explain in detail \_\_\_\_\_

Have you **ever** been convicted of a crime?  Yes  No

If yes, please explain in detail \_\_\_\_\_

Answering yes to these questions does not constitute an automatic bar to employment. Factors such as date of the offense, nature of the violation, rehabilitation and position applied for will be taken into consideration.

## **Applicant Statement**

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references, personal and professional, employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims that I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for 60 days. At the conclusion of that time, if I have not heard from the employer and wish to be considered for employment, it will be necessary to reapply.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of Brandon Wilde is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the CEO/President of Brandon Wilde.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal law requires me to complete the I-9 form in this regard.

I certify that the answers given by me to the forgoing questions and statements are true, correct and without omissions. Never has it been shown by credible evidence (e.g. a court or jury, a department investigation, or other reliable evidence) that I have abused, neglected, sexually assaulted, exploited, or deprived any person or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct. If, upon investigation, anything contained in this application is found to be untrue, incomplete or misrepresented in any respect, it will be sufficient cause to cancel further consideration of this application or immediately terminate my employment, whenever it is discovered.

**I understand that present and future representation made to me regarding pay, benefits and policies does not create a contract of employment. I CERTIFY THE ABOVE ANSWERS ARE TRUE TO THE BEST OF MY KNOWLEDGE.**

I certify that I have read, fully understand and accept all terms of the foregoing applicant statement.

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