

Employment Application

Thank you for considering GHHS as a place you'd like to work! We are sincerely interested in your qualifications and motivations for working here, so please fill out this form to your complete knowledge.

GHHS is an Equal Opportunity Employer. Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

Position Applied For:		Date Applied:		
Name:				
Last	First	Middle	Nickname	
Address:				
Number/Street	City	State	Zip	
Phone number:	Social Security Number:(Voluntary Discretion)			
Valid Driver's License? □Yes □ N	No #:	State:	Ехр.:	
Are you a US citizen? ☐ Yes ☐	No If not, Alien Reg	g. No. :		
Have you ever been discharged	•			
If so, please explain:				
Have you been convicted of a cri	me within the last 7 yea	rs (not counting traffi	c citations)? □Yes □No	
If so, please explain:				
Can you perform the job advertis				
What date would you be availabl	e to begin work?			
I would like to work: □ Full time	☐ Part time ☐ Shift W	/ork		
Please list any special skills, expe	rience, or qualifications	that may be relevant	to the job you seek.	

Work Experience

Dates of Employment (M/D/Y) From To	Exact Title or Position	Salary or Earnings
	none number	
	Tone number	
_	oilities	
Description of duties & responsit		
May we contact this employer?	□ Yes □ No	
D . (F		
Dates of Employment (M/D/Y)	Exact litle or Position	Salary or Earnings
• •		
	none number	
•	1952	
Description of duties & responsib	oilities	
May we contact this employer?	□ Yes □ No	
That we contact the employer.		
Dates of Employment (M/D/Y)		Salary or Earnings
From To		
Name & Address of Employer $_$		
Immediate supervisor name & pł	none number	
Reason for leaving		
Description of duties & responsib	oilities	
May we contact this employer?		
Dates of Employment (M/D/Y)	Exact Title or Position	Salary or Earnings
From To		
Name & Address of Employer _		
•	hone number	
·		
	bilities	
May we contact this employer?	☐ Yes ☐ No	

Record of Education

School	Name & Address of School	Course of Study	Circle Last Year Completed	Did You Graduate?	Degree & Major
High School			9 10 11 12	Yes No	
College			1 2 3 4	Yes No	
Other			1 2 3 4	Yes No	

Personal References

Please list three persons other than former employees or relatives who are familiar with your qualifications and background. References do not have to be local.

Name and Occupation	Relation to Applicant	Phone Number

Applicant Certification and Agreement

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal.

GHHS is hereby authorized to make any investigation of my personal history, financial and credit record, and police record through investigative agencies of GHHS' choice. I authorize all persons listed as references and all former employers to release information to GHHS relative to my education, training, qualifications, work history, and general fitness for employment.

I certify that I can, with or without reasonable accommodation, perform the essential functions of the job for which I am applying. I understand that successful candidates will be subject to a background check and drug test. I understand that some job positions may require holiday or weekend work, of which I will be notified in the formal job description.

Signature	Date
Signature	Date

For Personnel Use Only

Date received	Date reviewed	Approved for interview? \square Yes \square No
Interviewer(s)		Date
Meets minimum requirem	nents? 🗆 Yes 🗆 No	
Comments		
Approved for hire? □Yes	□No	
Supervisor Signature		Date
		Date
(if needed)		
Date Hired	Job Position	