



## Employment Application Instructions

*Many applicants either have their applications rejected by application errors that may be avoided. The following information is an effort to help you avoid the most common mistakes. Please read these instructions carefully before submitting your employment application. **Any misrepresentation in this application and/or attachments may cause your application to be rejected, your name to be removed from the eligible register and/or subject you to dismissal.***

### ➤ GENERAL INFORMATION

- **Please read the minimum requirements for the job in which you are interested.**
- Apply for positions **only** if you meet the minimum qualifications for the job. We cannot waive requirements.
- Type or print applications in blue or black ink.
- Application materials must be received by the announced deadline.
- Remember to sign and date your employment application.
- Applicants should provide accurate and complete application information regarding employment, education, criminal history, etc.
- Criminal record checks may be run on all applicants. These record checks may be run prior to candidates being eligible for interview.
- **The following information is required for criminal record checks to be run: SSN, birth date, driver's license and state in which it was issued, city and state of every employer.**
- Copies of applications are encouraged as long as each copy is complete, legible and signed.
- Applications written in pencil or copies that are too light or damaged (bent, rolled, stained, etc.) are not acceptable.
- Once submitted, your application and attachments will not be returned, reused or copied for you.

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### ➤ EDUCATION RELATED INFORMATION

Educational requirements are met only through accredited institutions. The institutions must be accredited by an agency recognized by the United States Department of Education. Foreign degrees must be converted.

In order for education points to be credited, **education, certification and similar documents are required with employment applications.** It is best to provide copies of transcripts in case specific courses are needed. It is also beneficial to bring certificates and diplomas for short courses completed, such as software, leadership courses, etc.

Even if you did not complete college, it is still beneficial to submit an official transcript of completed courses because partial credit may be awarded.

If you are applying for a position that requires a college degree and you either did not complete college, or completed but not in the required field, you must list your major undergraduate subjects and credit hours to be considered for admitting.

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➤ **EMPLOYMENT RELATED**

Work history information is used to determine whether you qualify for the job for which you are applying. List all periods of employment, beginning with your present or most recent employer and working back.

Title of position held should be your official title and not a working title or multiple titles.

It is especially important that you fill out the beginning and ending dates (month/year) and the average number of hours worked per week for each job listed. If the hours varied, list a range such as "5-15" hours, or "20-40" hours. If you often worked overtime, "40+" is acceptable in the hours box.

If you held different jobs while working for the same employer (e.g. promotions), treat each change as a separate job using separate blocks and giving specific information for each change.

Also, describe in detail the specific duties beginning with your primary duties. Job descriptions should include types of software used, specific equipment operated, languages programmed, customer service specifics and other such details. Preprinted job descriptions are not accepted in place of description of duties on the application form since they do not necessarily reflect your particular position.

Where you have held supervisory positions, titles of people supervised, not just the number of people, should be indicated.

Check your starting and ending dates for feasibility. Look for errors such as employed from 2/6/87-1/4/82 or a date of 14/2/93, or 6/8/19.

Please do not use abbreviations, initials or military jargon when describing your duties or listing your job title.

Include specific details such as software used, equipment operated, types of records maintained, etc.

If you cannot fit all the jobs you have held on this application form, ask for supplemental sheets for listing additional jobs (or copy any blank job page).

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*Thank you for your interest in Palmetto Health Council, Inc. employment and good luck in your employment search.*  
03/09



Application for Employment  
 547 Ponce de Leon Avenue, Suite 200 / Atlanta, Georgia 30308-1880  
 Phone (404) 929-8824 / Fax (404) 929-9769  
 Web Address: www.phcga.com  
 EEO/ADA Employer

**\*\*\* Please read employment application instructions before completing this form \*\*\***

<b>POSITION FOR WHICH YOU ARE APPLYING:</b>						Transfer <input type="checkbox"/> Reemploy <input type="checkbox"/>
Check <b>all</b> that you may be interested in: Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/> Job-Share: <input type="checkbox"/>						
Last Name			First Name		Middle Initial	
Mailing Address			City		Social Security No.	
State	Zip	Cell Telephone No.	Home Telephone No.	Business Phone No.	E-Mail Address	
Driver's License #	State	Expiration Date		<input type="checkbox"/> Operators (Private Vehicle) <input type="checkbox"/> CDL (copy needed of license & medical card)		License Class ____ Endorsement ____
Are you claiming Veteran's Preference? (Attach a copy of DD214 and/or service connected disability)						<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a felony since your 18th birthday? If you answered yes, please complete the following: (Conviction is not an automatic bar to employment. Each case is considered on its individual merits). <i>Nature of Offense</i> <i>Name &amp; Location of Court</i> <i>Date of Conviction</i>						<b>(Inaccurate information here will result in disqualification.)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of your educational or employment records found under a different last name? If yes, please give the last name. <i>Previous Last Name</i>						<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently employed by Palmetto Health Council, Inc.? If yes, please give: <i>Department/Location</i>						<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a former employee of Palmetto Health Council, Inc.? If yes please give: <i>Last Date(s) of Employment</i> <i>Department / Location</i>						<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been discharged or forced to resign from any position? If yes, please give employer, date and reason. <i>Employer</i> <i>Date and Reason</i>						<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any relatives working for Palmetto Health Council, Inc.? If yes, please complete the following: (Continue listing relatives on a separate page if necessary) <i>Name</i> <i>Relationship</i> <i>Department</i>						<input type="checkbox"/> Yes <input type="checkbox"/> No
If hired, are you authorized to work in the United States? For non citizens, a copy of your authorization to work issued by the U.S. Immigration and Naturalization Service must be submitted prior to appointment.						<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you now hold or are you a candidate for an elective public office?						<input type="checkbox"/> Yes <input type="checkbox"/> No
References						For Office Use Only: Date and Time Received
Name			Telephone Number			

## EDUCATION AND TRAINING

### ELEMENTARY AND HIGH SCHOOL EDUCATION

Highest Grade Completed (choose one) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	Did you graduate from High School or obtain a GED? <div style="text-align: center;"> <input type="checkbox"/> YES      <input type="checkbox"/> NO                 </div>	Name and Location of Last School Attended (High School, Junior High or Elementary) Name: _____ Location: _____
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Indicate the **number** of courses completed in each subject:     
 \_\_\_\_\_ algebra      \_\_\_\_\_ biology      \_\_\_\_\_ bookkeeping  
 \_\_\_\_\_ calculus      \_\_\_\_\_ geometry      \_\_\_\_\_ trigonometry

### RELATED SPECIAL TRAINING (CORRESPONDENCE, BUSINESS, TRADES, VOCATIONAL, ARMED FORCES SCHOOLS, ETC.)

Names and Locations of School	Dates Attended (Mo & Yr)		Courses/Subjects Completed	Credit Hours	Diplomas/Certificates Received
	From	To			

### COLLEGES AND UNIVERSITIES ATTENDED (UNDERGRADUATE & GRADUATE)

***\*\*Must be from a recognized accredited school - Bring copies of transcript with initial application\*\****

Names and Locations of School(s)	Dates Attended (Mo & Yr)		Type of Degree Earned (e.g.BA/BS)			
	From	To	Major	Minor		

### RELATED LICENSES (provide current original)

Professional License Issued By	Field/Trade Specialization	License Number	Issue Date	Expiration Date

### SKILLS

<input type="checkbox"/> Access	<input type="checkbox"/> Hansen	<input type="checkbox"/> Drafting	<input type="checkbox"/> Excel/Lotus	<input type="checkbox"/> Other software	Languages spoken and written FLUENTLY _____ _____ _____
<input type="checkbox"/> ORACLE	<input type="checkbox"/> GIS	<input type="checkbox"/> Auto Cad	<input type="checkbox"/> Word/WordPerfect	_____	
<input type="checkbox"/> Approach	<input type="checkbox"/> Typing _____wpm	<input type="checkbox"/> PowerPoint	_____	_____	

Also include specific software experience in your job descriptions.  
 Ask about PC skills exams and provide certificates of courses completed.







7	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address ( <b>city and state are required</b> )	
Hourly rate: Annual Salary:		Hours per Week	Name & Title of Immediate Supervisor	Telephone Number
Reason for Leaving				
Title of Position Held			Number & Job Title of Employees you Supervised	
Describe job responsibilities in order of importance:				

**CONDITIONS OF EMPLOYMENT STATEMENT**

Under penalties of perjury, I declare that my answers to the questions on this application and any necessary examinations and supplements are true and give Palmetto Health Council, Inc. the right to investigate all information given and to secure additional appropriate information if necessary. I understand that an investigative report may be made from information obtained through personal interviews with others. I understand that this inquiry may include information as to my personal characteristics, employment verification, credential verification, personal identity verifications, reference checks, credit checks, criminal records, motor vehicle records, and appropriateness for employment. In accordance with the law and my understanding of this statement, I authorize my current and former employers to give any information regarding my employment, together with all information regarding me, and hereby release from all liability or responsibility all persons, companies, or corporations furnishing such information in good faith. I also authorize the release of my scholastic ratings to Palmetto Health Council, Inc. by schools and other education institutions that I have attended.

I understand that the completion of this application does not assure me of a position with Palmetto Health Council, Inc. and does not obligate Palmetto Health Council, Inc. to me in any way. **I further understand that any misrepresentation herein may cause my application to be rejected, my name to be removed from the eligible register and/or subject me to dismissal.** Candidates selected for hire must pass a physical and drug screen prior to employment. I am aware that the results will be made available to the Human Resources Director or a duly authorized representative. Palmetto Health Council, Inc. is committed to a drug free work place to protect the safety of workers and the public and will comply with the Federal Drug Free Work Place Act.

I understand that this application, exam documents and attachments become a part of Palmetto Health Council, Inc. records and will not be returned, reused or copied for me once submitted.

By my signature, I certify, authorize and acknowledge the above statements.

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Signature Date Social Security Number

(Unsigned applications will not be considered)

Reminder: With your application, bring transcripts, training certifications, professional licenses & certifications and other documents as indicated in the application instructions. If a certification or license is renewed after submission of this application, please bring in your current document for us to copy. An expired credential may result in you not being considered for a vacancy.



