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Columbus, GA 31903
Office: (706) 322-9599
Fax: (706) 322-9567

341 North Washington Ave.
Talbotton, GA 31827
Office: (706) 665-2585
Fax: (706) 665-2591

94 McCrary Rd.
Fortson, GA 31808
Office: (706) 987-8216
Fax: (706) 987-8220



EMPLOYMENT APPLICATION
"AN EQUAL OPPORTUNITY EMPLOYER"

PERSONAL INFORMATION

DATE OF APPLICATION: _____

_____	_____	_____	_____
Last	First	MI	Maiden Name

Street	Apt	City, State	Zip
(____) _____ - _____	(____) _____ - _____		
Home	Mobile		Email Address

APPLICATION QUESTIONS

Position Sought _____ US Citizen? YES NO

Expected Pay \$ _____ / Hour Year

FULL TIME PART TIME TEMPORARY Date Available _____ / _____ / _____

Were you previously employed by VHcS? YES NO If yes, when? _____

Do you have any relative(s) currently employed by VHcS? YES NO If yes, who? (Name/Relationship) _____

Have you ever been convicted of any crime? (A conviction will not necessarily bar you from employment) YES NO

If yes, when? _____ Explain: _____

Would you be willing to submit to a drug screening? YES NO If no, why? _____

Do you have any physical or mental health problems or impairment which could affect your ability to fulfil all job functions of the position for which you are applying? YES NO

If yes, are there any reasonable accommodations which we can provide for you to enable you to fulfil your job functions?
YES NO

EDUCATIONAL HISTORY

- **HIGH SCHOOL** _____

Location (City/State) _____ Dates Attended _____ YES NO
Graduated?

Course of Study _____ Degree _____

- **TECHNICAL / TRADE** _____

Location (City/State) _____ Dates Attended _____ YES NO
Graduated?

Course of Study _____ Degree _____

- **COLLEGE** _____

Location (City/State) _____ Dates Attended _____ YES NO
Graduated?

Course of Study _____ Degree _____

- **OTHER** _____

Location (City/State) _____ Dates Attended _____ YES NO
Graduated?

Course of Study _____ Degree _____

EMPLOYMENT RECORD Starting with your current or most recent job, list ALL employment history (Include self-employment, summer & part time jobs). If more space is required, please write on the back of the sheet. You may attach your resume, but please complete this application as well.

Company _____ Type of Business _____ Job Title/Classification _____

Street Address _____ City, State _____ Zip _____ Phone Number _____

Supervisor's Name & Title _____ Phone Number _____ YES NO
May we Contact?

Base Salary \$ _____ Dates Employed From _____ to _____

Description of Duties: _____

Company	Type of Business	Job Title/Classification
Street Address	City, State	Zip
Supervisor's Name & Title	Phone Number	May we Contact?
Base Salary \$ _____	Dates Employed	From _____ to _____
Description of Duties: _____		

Company	Type of Business	Job Title/Classification
Street Address	City, State	Zip
Supervisor's Name & Title	Phone Number	May we Contact?
Base Salary \$ _____	Dates Employed	From _____ to _____
Description of Duties: _____		

Company	Type of Business	Job Title/Classification
Street Address	City, State	Zip
Supervisor's Name & Title	Phone Number	May we Contact?
Base Salary \$ _____	Dates Employed	From _____ to _____
Description of Duties: _____		

UNITED STATES MILITARY RECORDNone Active Reserve Inactive Reserve

Branch of Service

Dates Served

Present Affiliation

Training/Duty: _____

SPECIAL SKILLS (FOR OFFICE AND CLERICAL POSITIONS ONLY)Typing NONE SOME ADVANCED Dictation NONE SOME ADVANCED Computer Skills NONE SOME ADVANCED Foreign Language _____ NONE SOME ADVANCED

Other skills & equipment experience: _____

LICENSES & CERTIFICATIONS

State	Specialization	Certification Number	Expiration
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State	Specialization	Certification Number	Expiration
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State	Specialization	Certification Number	Expiration
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REFERENCES

Name	Address	Occupation	Phone Number () -
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Name	Address	Occupation	Phone Number () -
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Name	Address	Occupation	Phone Number () -
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I HEREBY CERTIFY THAT THE ANSWERS & OTHER INFORMATION ON THIS APPLICATION ARE TRUE AND CORRECT. I UNDERSTAND THAT ANY MISINTERPRESENTATION OR OMISSION OF FACTS ON MY PART WILL BE JUSTIFICATION FOR SEPARATION FROM THE COMPANY'S SERVICE. I UNDERSTAND THAT SUCH EMPLOYMENT MAY BE CONTINGENT UPON RECEIPT OF AN ALIEN REGISTRATION NUMBER, VERIFICATION OF BIRTH, AND ANY OTHER PERTINENT INFORMATION BEARING UPON EMPLOYMENT. I HEREBY CERTIFY THAT I UNDERSTAND VALLEY HEALTHCARE SYSTEM, INC. TO BE AN AT-WILL EMPLOYER, THEREFORE IF EMPLOYED, I HAVE THE RIGHT TO TERMINATE SAID EMPLOYMENT, AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

Applicant's Signature_____
Date

Pre-Screening Notice and Certification Request for the Work Opportunity Credit

► Information about Form 8850 and its separate instructions is at www.irs.gov/form8850.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name _____ Social security number ► _____

Street address where you live _____

City or town, state, and ZIP code _____

County _____ Telephone number _____

If you are under age 40, enter your date of birth (month, day, year) _____

- 1 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.

- 2 Check here if **any** of the following statements apply to you.
 - I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
 - a.** Received SNAP benefits (food stamps) for the past 6 months; **or**
 - b.** Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
 - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.

- 3 Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.

- 4 Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.

- 5 Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.

- 6 Check here if you are a member of a family that:
 - Received TANF payments for at least the past 18 months; **or**
 - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years; **or**
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

- 7 Check here if you are in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ►

Date

For Employer's Use Only

Employer's name _____ Telephone no. _____ EIN ► _____

Street address _____

City or town, state, and ZIP code _____

Person to contact, if different from above _____ Telephone no. _____

Street address _____

City or town, state, and ZIP code _____

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under *Members of Targeted Groups* in the separate instructions), enter that group number (4 or 6) ► _____

Date applicant:

Gave information _____ Was offered job _____ Was hired _____ Started job _____

Under penalties of perjury, I declare that the applicant provided the information on this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group. I hereby request a certification that the individual is a member of a targeted group.

Employer's signature ► _____ **Title** _____ **Date** _____

Privacy Act and Paperwork Reduction Act Notice

Section references are to the Internal Revenue Code.

Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's federal tax return. Completion of this form is voluntary and may assist members of targeted groups in securing employment. Routine uses of this form include giving it to the state workforce agency (SWA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group. This form may also be given to the Internal Revenue Service for administration of the Internal Revenue laws, to the Department of Justice for civil and

criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

- Recordkeeping** . . . 6 hr., 27 min.
- Learning about the law or the form** 24 min.
- Preparing and sending this form to the SWA** 31 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can send us comments from www.irs.gov/formspubs. Click on "More Information" and then on "Give us feedback." Or you can send your comments to:

Internal Revenue Service
Tax Forms and Publications
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send this form to this address. Instead, see *When and Where To File* in the separate instructions.