



RATLIFF PRIVATE HOME CARE  
112 WRIGHTS DRIVE, SUITE C  
MILLEDGEVILLE, GA 31061  
OFFICE 478-295-2626  
FAX 478-295-2630

“Providing A Collaborative Approach To Your Health Care Needs”

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**Employment Application**

*An Equal Opportunity Employer*

**Demographics:**

Date of application: \_\_\_\_\_

Full Printed Name of Applicant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No: \_\_\_\_\_

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

Street/P.O. Box \_\_\_\_\_ Apt \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

County of residence: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Mobile \_\_\_\_\_

**Employment Eligibility:**

Have you ever been convicted of a crime? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If you answer is **yes**, please list the dates, charges and outcomes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List the type(s) job that you are seeking: \_\_\_\_\_

Employment Availability:

Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Have you ever worked for East Central Regional Hospital or Gracewood Hospital? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a valid Driver's License: Yes: \_\_\_\_\_ No \_\_\_\_\_ (If yes, please provide a copy)

Do you have/own reliable transportation? Yes \_\_\_\_\_ No \_\_\_\_\_ (If you answer is no. please review the statement below)

Regular attendance and punctuality area vital attributes for all employees. It is important for employees to attend work regularly and to arrive at work on time. Do you have reliable transportation? Yes \_\_\_\_\_ No \_\_\_\_\_

Please indicate any specific skills or experiences that you may have that qualify you for this job:

\_\_\_\_\_  
\_\_\_\_\_

Are you a Certified Nursing Assistant? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you CPR/First Aid Certified? Yes \_\_\_\_\_ No \_\_\_\_\_ Is your certification current, if yes, please provide a copy.

Education:

Did you obtain a High School Diploma or GED? Yes \_\_\_\_\_ No \_\_\_\_\_

Please list which one was obtained and the year of completion. \_\_\_\_\_

Type of Degree and Field Study: \_\_\_\_\_

Licenses and Certifications:

Please list the type(s) of Licenses and/or Certifications

\_\_\_\_\_  
\_\_\_\_\_

Expiration Dates: \_\_\_\_\_ (Please provide a current copy of each)

License/Certification Number(s): \_\_\_\_\_

Specialization Endorsement(s) \_\_\_\_\_

Additional types of Licenses and Certifications: \_\_\_\_\_

Work History:

Please list and describe at least( 5) years of your work history, beginning with your most recent or current job.

1. Employer: \_\_\_\_\_

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

Telephone Numbers: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Salary or hourly wage: \_\_\_\_\_

Please describe your job duties: \_\_\_\_\_

2. Employer: \_\_\_\_\_

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

Telephone Numbers: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Salary or hourly wage: \_\_\_\_\_

Please describe your job duties: \_\_\_\_\_

3. Employer: \_\_\_\_\_

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

Telephone Numbers: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Salary or hourly wage: \_\_\_\_\_

Please describe your job duties: \_\_\_\_\_

4. Employer: \_\_\_\_\_

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

Telephone Numbers: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Salary or hourly wage: \_\_\_\_\_

Please describe your job duties: \_\_\_\_\_

5. Employer: \_\_\_\_\_

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

Telephone Numbers: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Salary or hourly wage: \_\_\_\_\_

Please describe your job duties: \_\_\_\_\_

Certification:

My signature certifies all of the information on this application is correct to the best of my knowledge. I am authorizing any agent or employee of Collaborative Health Care and Training Institute, to verify this information and to release it to anyone who may consider me for an employment appointment. I further certify that I have not been convicted of a drug related crime in the last three (3) months.

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Employee's Signature

Date

## EMPLOYEE'S CONTACT INFORMATION

As an employee of this company, it is your responsibility to provide accurate demographic information to us and provide notification of any updates. If changes occur with your personal information, it is your responsibility to notify us immediately (i.e. telephone numbers, addresses). It is your responsibility to notify your immediate Supervisor and the Administrative Staff, to ensure that your Employee Data Personnel Sheets are accurate, at all times.

Full Printed Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

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

Telephone numbers (Please list all current numbers, if your home telephone number is unpublished, include this information):

\_\_\_\_\_  
\_\_\_\_\_

\*\*\*If you do not have a current home telephone or cellular number, please provide us with a current and reliable number of a person or relative that will be able to provide you with a message, in a timely manner (ie. within thirty (30) minutes of a call.

As a courtesy, please list the name of the contact person (ie. with whom are we leaving a message).

All demographic information will be kept confidential, unless it is deemed necessary to disclose to specific parties (ie. law enforcement).

Person to contact in case of an emergency: \_\_\_\_\_

Relationship of contact person: \_\_\_\_\_

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

Telephone numbers: (Please include work and mobile): \_\_\_\_\_

My signature below attest that I have been informed that if I am selected for this position, I will be required to submit to a Urine Drug Screen and a Criminal Background Check. I understand that my employment is contingent on satisfactory results of these tests.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date