



APPLICATION FOR EMPLOYMENT
PLEASE READ CAREFULLY-PRINT CLEARLY-ANSWER ALL QUESTIONS

THE QUESTIONS FOUND ON THIS FORM ARE BEING ASKED TO PROPERLY EVALUATE YOUR ABILITY AND CHANCE FOR SUCCESS IN THE POSITION IN WHICH YOU ARE APPLYING. EVERY EFFORT HAS BEEN MADE TO COMPLY WITH THE APPLICABLE FEDERAL LAW AND LAWS OF OUR STATE. WE CONSIDER ALL APPLICANTS FOR POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/NATIONAL GUARD STATUS OR ANY SIMILARY PROTECTED STATUS.

Position Applied for: _____ Application Date: _____

Applicant's Name: _____ Day Phone: _____

Address: _____ Evening Phone: _____

City/State/Zip: _____ Social Security #: _____

If you are under the age of 18, can you furnish a current work permit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently subject to a non-compete provision from another employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been employed here before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No If Yes, When? _____
Have you ever applied here before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No If Yes, When? _____
Are you related to anyone employed with Winyah?	<input type="checkbox"/> Yes	<input type="checkbox"/> No If Yes, please list name _____
Can you travel if a job requires it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you legally eligible for employment in this country?	<input type="checkbox"/> Yes	<input type="checkbox"/> NO (Proof of US citizenship or immigration status will be required upon employment)

Type of employment desired: Full Time ___ Part Time ___

Data available for work: _____

Have you ever been convicted or presently charged with a violation of federal, state, county or municipal laws or ordinances (other than minor traffic violations)? Include conviction under court martial and non-judicial punishment While in the U.S. Military Service.
 Yes No if yes, give date, place, charge, and disposition.

NOTE: A CONVICTION WILL NOT NECESSARILY BAR YOU FROM EMPLOYMENT. EACH CONVICTION WILL BE JUDGED ON ITS OWN MERIT WITH RESPECT TO TIME, CIRCUMSTANCES, AND SERIOUSNESS.

Do you have a valid driver's license? (Required for some positions) Yes No
 Has your driver's license been suspended or revoked in the last three years? Yes No If yes, explain _____

EDUCATION				
High School			Address	
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College			Address	
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other			Address	
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

Winyah Health Care Group
137 Professional lane
Pawley's Island, SC 29585



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EMPLOYMENT HISTORY:

List your previous employers, assignments or volunteer activities starting with the most recent, including military experience.
 May we contact your current or previous employer(s)? Yes No

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	

Professional Licenses, Registrations, and/or Certifications

Type	Type
State Issued: Date: No.	State Issued: Date: No.
Name if different on Records:	Name if different on Records:
Area of Specialized or Major Interest:	Area of Specialized or Major Interest:
Have you any exclusion on your professional license? Yes No	Are you being reviewed to possibly include exclusions on your professional license? Yes No
Explain:	Explain:

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SKILLS AND QUALIFICATIONS:

Summarize special skills and qualifications that may have been acquired from previous employment or other experiences that may qualify you for work with our organization (attached resume may suffice).

REFERRAL SOURCE:

- Referred by a Winyah employee. If so, which employee referred you to us? _____
- Answered an Advertisement. If, so which publication? _____
- Referred by an employment agency. Is so, which Employment Agency? _____
- Responding to an Internet posting. If so, which web page site? _____
- Unsolicited: _____
- Other, please list: _____

AVAILABILITY:

DAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SAURDAY
EARLIEST TIME							
LATEST TIME							

REFERENCES:

Full Name	Relationship	Years Known:
Company	Phone ()	
Address		
Full Name	Relationship	Years Known:
Company	Phone ()	
Address		
Full Name	Relationship	Years Known:
Company	Phone ()	
Address		



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APPLICATION CERTIFICATION AGREEMENT:

I authorize the investigation of all statements contained in this application and release from all liability any persons or employers supplying such information, and I also release the company from all liability that might result from making the investigation.

I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that falsification, misinterpretation, or omission of facts on this application (or on any required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

I agree, if I am offered and accept a position, to conform to all existing and future company rules and regulations and I understand that the company reserves the right to change wages, hours and working conditions as deemed necessary. ***I ALSO UNDERSTAND THAT, IF HIRED, MY EMPLOYMENT WILL BE AT-WILL, MEANING THAT EITHER PARTY CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON.***

I understand that any employment offer is contingent upon my providing, within (3) working days of employment, valid proof of identity and eligibility to work in order to comply with the Immigration Reform and Control Act of 1986 and completing the drug test.

I have read and reviewed the information provided in this application and the above statements. By signing this application for employment I certify that I understand all parts of it and have answered all questions completely.

Signature: _____ Date: _____

THIS APPLICATION IS NOT AN EMPLOYMENT CONTRACT but merely is intended to evaluate suitability for employment. We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/national guard status of any similarly protected status. Or any similarly protected status. It is also the policy of the company to have the option of conducting pre-employment screening before a job offer is made. If a job offer is made, employment may be contingent upon the successful completion of a medical examination, which may include providing body substance samples. This application will remain active for 180 days.

FOR PERSONNEL USE ONLY	
Arrange Interview: Yes	No
Remarks: _____	
Interviewer: _____	
Employed: Yes	No
Date of Employment:	_____
Job Title: _____	Hourly/Salary _____ Department _____
Hiring Manger: _____	Date: _____
Notes: _____	
