

DRIVER'S LICENSE INFORMATION for Activities or Maintenance positionsDO YOU HAVE A VALID DRIVER'S LICENSE? Yes No

Exp. Date:

Driver's license #

State of issue

 Operator Commercial (CDL) ChauffeurHave you had any accidents during the past three years? Yes No

How many?

Have you had any moving violations during the past three years? Yes No

How Many?

REFERENCE INFORMATION

Please list two references other than relatives.

Name	Name
Position	Position
Company	Company
Address	Address
Telephone	Telephone

HOW WERE YOU REFERRED TO US

Employee – Name	Walk in
School – Name	Newspaper – Specify
Internet – Site Name	Other

OTHER RELEVANT INFORMATION

Please use this space to elaborate on any background, experience, or qualifications that you believe should be considered in evaluating your qualifications for employment. You may include hobbies, volunteer experience and any other activities you believe relevant. Please omit any information that would disclose your race, color, creed, religion, political affiliation, gender, sex, affectional or sexual orientation, ancestry, national origin, citizenship, marital status, domestic partner status, veteran status, age or disability.

May we contact your present employer? Yes No

The position you are applying for requires you to read, write and speak English sufficiently to perform the duties of the position.
Please list any other languages you speak: _____

You understand that this position may require lifting of objects and /or individuals during the course of your potential employment. Yes No
Please indicate if you are able to perform the essential functions of the job for which you have applied Yes No

If you answered "No", please identify those job functions that you cannot perform. If a reasonable accommodation is required to enable you to perform the job properly and safely, please describe:

EMPLOYMENT HISTORY

Please list your work experience beginning current employer(s). If you were self-employed, give firm name.

Attach additional sheets if necessary.

Current Employer	Name of last supervisor	Employment dates	Pay or salary
Name, Address, City, State, Zip Code & Phone #		From : To :	Start : Final :
Reason for leaving (be specific)	Your last Job Title		
List the jobs you held and duties performed:			
Name of employer	Name of last supervisor	Employment dates	Pay or salary
Name, Address, City, State, Zip Code & Phone #		From : To :	Start : Final :
Reason for leaving (be specific)	Your last Job Title		
List the jobs you held and duties performed:			
Name of employer	Name of last supervisor	Employment dates	Pay or salary
Name, Address, City, State, Zip Code & Phone #		From : To :	Start : Final :
Reason for leaving (be specific)	Your last Job Title		
List the jobs you held and duties performed:			
Name of employer	Name of last supervisor	Employment dates	Pay or salary
Name, Address, City, State, Zip Code & Phone #		From : To :	Start : Final :
Reason for leaving (be specific)	Your last Job Title		
List the jobs you held and duties performed:			

APPLICATION FORM WAIVER

As indication that you have read and understood each statement, please sign as indicated below.

In exchange for the consideration of my job application by Atrium Health Group and any of its affiliates, (hereinafter called "the Company"), I agree that: Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, operating manuals, benefit plans, policy statements and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Company, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written document authorized by the Company. Both the undersigned and Company may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, all previous employers (unless otherwise indicated), criminal background checks, references, all license(s) / certification (s) and others and hereby release the Company from any liability as a result of such contact.

In the event that I am employed with the Company, I shall serve a probationary period of at least ninety (90) days. I further understand that at any time during the probationary period or thereafter, my employment relationship with the Company is terminable at will for any reason by either party.

Signature of applicant _____ **Date:** _____

Did you complete this application yourself Yes No If not, who did?

******NO APPLICATION will be accepted without a signature above******

Atrium Health Group is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, creed, religion, political affiliation, gender, sex, affectional or sexual orientation, ancestry, national origin, citizenship, marital status, domestic partner status, veteran status, age, disability or any characteristic protected by law. We assure you that your opportunity for employment with Atrium Health Group depends solely on your qualifications.

Thank you for completing this application form and for your interest in our company.

OFFICE USE ONLY : Date received: _____ **Reviewed By:** _____