



## EMPLOYMENT APPLICATION

Applications are only accepted for open positions  
Incomplete or "see resume" responses will not be considered

It is the policy of Walton Rehabilitation Health System to recruit, hire and promote for all job classifications on the basis of merit, qualification, competence, and the requirements of the position being filled. This policy applies to all categories of employment, including managerial, professional, technical, and all other staff. No aspect of the employment process shall be influenced by race color, national origin, religion, gender, age or qualified physical or mental disability.

DATE OF APPLICATION: \_\_\_\_\_ 18 YRS OF AGE OR OLDER:  Yes  No

NAME: \_\_\_\_\_  
Last First MI

ADDRESS: \_\_\_\_\_  
Number Street City State Zip E-Mail

TELEPHONE: (\_\_\_\_\_) \_\_\_\_\_ SOCIAL SECURITY NO: \_\_\_\_\_

Do you have the right to work in the United States?  Yes  No

Position Applied for: \_\_\_\_\_ Desired pay: \$ \_\_\_\_\_ hr/yr

SHIFT:  Days  Evenings  Nights  Weekends

TYPE:  Full-time  Part-time  PRN

Do you understand that employment may require working weekends, holidays, overtime, and/or a rotation of shifts as required by departmental needs?  Yes  No

Have you ever worked at Walton Rehabilitation Hospital before?  Yes  No

Have you ever been convicted of a misdemeanor or felony offense (other than minor traffic violations)?  
 Yes  No If yes, explain: \_\_\_\_\_

EDUCATION	Name/Location	Graduated	Degree
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Professional/ Technical School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	

How were you referred to us? \_\_\_\_\_

Do you have any relatives currently employed by Walton Rehabilitation Hospital?  Yes  No

Please list a summary of any qualifications which should be considered: (professional affiliations, honors, awards, publications)

Employer: \_\_\_\_\_  
Name Address Phone

Job Title: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Summary of Duties: \_\_\_\_\_

\_\_\_\_\_

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

Employed	
From:	To:
<input type="radio"/> FT	Salary
<input type="radio"/> PT	
<input type="radio"/> PRN	

Employer: \_\_\_\_\_  
Name Address Phone

Job Title: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Summary of Duties: \_\_\_\_\_

\_\_\_\_\_

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

Employed	
From:	To:
<input type="radio"/> FT	Salary
<input type="radio"/> PT	
<input type="radio"/> PRN	

Employer: \_\_\_\_\_  
Name Address Phone

Job Title: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Summary of Duties: \_\_\_\_\_

\_\_\_\_\_

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

Employed	
From:	To:
<input type="radio"/> FT	Salary
<input type="radio"/> PT	
<input type="radio"/> PRN	

Have you served in any branch of the military?  Yes  No

Branch: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

Type Discharge: \_\_\_\_\_ Nature of Duties: \_\_\_\_\_

Are you now licensed or registered in your profession in Georgia?  Yes  No

License or Registration Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

License or Registration Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

I certify that the information I have provided is true, correct, and without omissions. I understand that my application is active for only the position I specified on this form. It is my responsibility to submit a separate application for any different position. I authorize Walton Rehabilitation Health System to investigate any information which might determine my qualifications for employment. I release Walton Rehabilitation Health System, my current/former employers, and all others from any liability for damages which may result from such investigation. If, upon investigation, anything contained in this application is found to be untrue, I understand I will be subject to dismissal at any time during the period of application or employment. I understand that present and future representations made to me regarding pay, benefits, policies or other conditions of employment as a part of this application process do not create a contractual relationship. I further understand that a drug screen is required as a condition of employment with Walton Rehabilitation Health System.

I CERTIFY THE ABOVE ANSWERS ARE TRUE TO THE BEST OF MY KNOWLEDGE

AGREE/SUBMIT

DISAGREE