



To Applicant: The Marshes of Skidaway Island, is an equal opportunity employer and makes all employment decisions without regard to race, color, national origin, religion, sex, age, disability or status as a disabled veteran or veteran of the Vietnam era. We deeply appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications.

PERSONAL INFORMATION

PLEASE PRINT ALL INFORMATION:

Date: _____

Name _____
Last First Middle

Telephone#: _____ Email _____

Please list Current Address and All Previous Addresses in the Past Seven Years:

Present Address _____
Street Apt. City State Zip Code

Previous Address: _____
Street Apt. City State Zip Code

Previous Address: _____
Street Apt. City State Zip Code

How long have you lived at present address? _____ How long at previous address? _____

Are you at least 18 years old? _____

Are you legally eligible for employment in the USA? _____ Do you have reliable transportation to work? _____

Position(s) you are applying for: _____ Rate of pay expected per hour \$ _____

Work Status Needed (circle your preference): FULL-TIME PART TIME PRN

Please list your preferred shift (work hours): 1st Choice _____ 2nd Choice _____

Were you previously employed by the Marshes of Skidaway? _____ If yes, what year? _____

Do you have any friends or relatives working for the Marshes of Skidaway? _____

How did you learn of this position? _____

Have you ever been bonded: _____ If yes, for what job (s) ? _____

Are you excluded from participation in Federal Health Care Programs? _____ If yes, please explain:

On what date would you be available to begin work? _____

EMPLOYMENT RECORD

List below present and past employment, beginning with your most recent. Please complete all information in full even when submitting a resume. Please explain any gaps in employment.

1. Company Name: _____

Address: _____ Phone number: _____

Supervisor Name: _____

Position Held: _____

Start Date: _____ End Date: _____ Salary: _____

Reason for leaving: _____

2. Company Name: _____

Address: _____ Phone number: _____

Supervisor Name: _____

Position Held: _____

Start Date: _____ End Date: _____ Salary: _____

Reason for leaving: _____

3. Company Name: _____

Address: _____ Phone number: _____

Supervisor Name: _____

Position Held: _____

Start Date: _____ End Date: _____ Salary: _____

Reason for leaving: _____

4. Company Name: _____

Address: _____ Phone number: _____

Supervisor Name: _____

Position Held: _____

Start Date: _____ End Date: _____ Salary: _____

Reason for leaving: _____

May we contact your former employers? _____ If not, which employers do you not want us to contact? _____

Why would you like to work at the Marshes of Skidaway Island? _____

EDUCATION RECORD

High School Name: _____ State: _____ Did you graduate? _____

GED Where: _____ State: _____

College Name: _____ State: _____ How Long? _____

Course of Study: _____ Degree: _____

Name: _____ State: _____ How Long? _____

Course of Study: _____ Degree: _____

Other: _____ How Long? _____

Course of Study: _____ Degree/Diploma _____

Certifications or Licensures (Please be specific): _____

Ga C.N.A. # _____ Ga LPN # _____ Ga RN # _____

List any other experiences, skills, hobbies or qualifications that may benefit our organization: _____

MILITARY SERVICE RECORD

Were you in the US Armed Forces? _____ If so, what branch? _____

Dates of duty: From _____ to _____ Rank at Discharge: _____

List duties in the service: _____

PROFESSIONAL REFERENCES

THESE MUST BE REFERENCES FROM PREVIOUS EMPLOYERS. IF YOU HAVE NEVER HELD A JOB, YOU MAY LIST PERSONAL REFERENCES. NO RELATIVES PLEASE.

Name: _____ Company/Title: _____ Address: _____ _____ Phone #: _____ How You Know this Reference: _____	Name: _____ Company/Title: _____ Address: _____ _____ Phone #: _____ How You Know this Reference: _____
Name: _____ Company/Title: _____ Address: _____ _____ Phone #: _____ How You Know this Reference: _____	Name: _____ Company/Title: _____ Address: _____ _____ Phone #: _____ How You Know this Reference: _____

Please read and sign below:

I understand that nothing contained in this application or in the interview process is intended to create an employment contract between me and the Marshes of Skidaway Island. If I am employed by the Marshes of Skidaway Island I will be an employee-at-will. This means that both the Marshes of Skidaway Island and I have the right to terminate my employment at any time, for any reason, with or without cause. I also acknowledge that upon receiving an offer of employment, I will be required to successfully complete all pre-employment requirements such as a physical, PPD skin test, drug screen, background check, OIG and references.

The facts set forth in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice. In making this application for employment I authorize you to make an investigative consumer report whereby information is obtained through personal interviews with my neighbors, friends or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigative report that is made.

Signature _____

Date: _____

Equal Employment Opportunity (EEO) Self-Identification Form (completion of this form is voluntary)

The Marshes at Skidaway is an equal employment opportunity/affirmative action employer. It does not discriminate on the basis of race, color, national origin, sex, religion, ancestry, age, sexual orientation, marital status, disability, veteran status, citizenship status, or any other protected characteristic. Certain laws and regulations regarding equal employment opportunity, and/or affirmative action require us to compile, maintain, and report certain information on employees. In order to comply with these laws and regulations, we are requesting your cooperation in completing this voluntary EEO Self-Identification Form.

The information on this EEO Self-Identification Form is being requested and will be used solely for record keeping and reporting purposes. Submission of this form by you is voluntary. Please be assured that you will not be subjected to any adverse treatment if you do not provide the information requested. In the event that you do provide the information requested, the information and this form will be processed and maintained separately from your employment application forms and your personnel file.

For the purpose of this form, please indicate the group in which you appear to belong, identify with, or regarded in the community as belonging. However, only count yourself in one ethnic/minority group.

Race and Ethnic Identification

_____ **Hispanic or Latino**

A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

_____ **White (Not Hispanic or Latino)**

A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

_____ **Black or African American (Not Hispanic or Latino)**

A person having origins in any of the Black racial groups of Africa.

_____ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)**

A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

_____ **Asian (Not Hispanic or Latino)**

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

_____ **American Indian or Alaska Native (Not Hispanic or Latino)**

A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

_____ **Two or More Races (Not Hispanic or Latino)**

All persons who identify with more than one of the above five races.

_____ **I do not wish to provide this information**

Gender

_____ **Female**

_____ **Male**

_____ **I do not wish to provide this information**