

Application For Scholarship

A CRIMINAL RECORD CHECK IS
REQUIRED AS A CONDITION OF
SCHOLARSHIP APPROVAL.

We consider applicants for all scholarship without regard to race, color, religion, creed, gender, national origin, age disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Date of Application _____

Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Telephone Number(s)			Social Security Number		

Scholarship applied for _____

Name & location of school _____

When do you anticipate starting? _____ Finishing? _____

Have you ever been employed with
Donalsonville Hospital or Seminole Manor? Yes No

If Yes, give date _____

If you are currently employed,
may we contact your present employer? Yes No

Have you been convicted of a felony? Yes No
Conviction will not necessarily disqualify an applicant.

If yes, please explain and give date _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
High School				
Further Education				
Other (Specify)				

Additional skills and training:

State any additional information you feel may be helpful to us in considering your application.

Employment Experience

1.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
Reason for Leaving					
2.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
Reason for Leaving					
3.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
Reason for Leaving					
4.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
Reason for Leaving					

If you need additional space, please continue on a separate sheet of paper.

Personal References (other than employers)

1.	_____ (Name)	()	_____ Phone #
	_____ (Address)		
2.	_____ (Name)	()	_____ Phone #
	_____ (Address)		
3.	_____ (Name)	()	_____ Phone #
	_____ (Address)		

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application as may be necessary in arriving at a decision.

Signature of Applicant

Date

ACTION ON APPLICATION:

Approved _____

Disapproved _____

Other _____

Signature: _____

Title: _____

Date: _____

CONSENT FORM

I hereby authorize DONALSONVILLE HOSPITAL to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name PRINTED: _____

Address: _____

Sex: _____ Race: _____ DOB: _____ SSN: _____

Signature: _____ Date: _____

RESPONSE

Date GCIC run: _____ By: _____

Record found: No _____ Yes _____ : SID _____

Misc: _____

If an adverse employment, scholarship or licensing decision is made against the person whose record is obtained, he/she shall be informed:

- (1) that a record was obtained;
- (2) the specific contents of the record;
- (3) the effect the record had upon the decision.