

# Blue Ridge Medical Center

*PLEASE NOTE: It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A.*

Name and Address							
Name (First, MI, Last)				Social Security Number			
Mailing Address							
City, State, and Zip Code							
Telephone				Alternate Phone			
If under 18, please list age				Email			
Job Type							
Days/hours available to work							
<input type="checkbox"/> I have no preference.	<input type="checkbox"/> Mon.	<input type="checkbox"/> Tues.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thurs.	<input type="checkbox"/> Fri.	<input type="checkbox"/> Sat.	<input type="checkbox"/> Sun.
I am seeking a:		<input type="checkbox"/> Full-time job		<input type="checkbox"/> Part-time job		<input type="checkbox"/> Full- or Part-time	
How many hours can you work weekly?				Can you work nights?		Date available to begin	
Additional Information							
Have you ever been employed by this organization in the past?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States.						<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please explain:							
Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No				Driver's license number		Issued in what state?	
Have you had any accidents during the past three years?						How many?	
Have you had any moving violations during the past three years?						How many?	

**Education**

School	Location (mailing address)	Years Completed	Major	Degree or Diploma
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**High School**


**College or Business/Trade School**


**Military**

Have you even been in the Armed Forces?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date entered
Are you now a member of the National Guard?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Discharge date

Specialty

## Work Experience

*Please list ALL work experience beginning with your most recent job held. Attach additional sheets if necessary.*

Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone number	Your last job title	

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this employer?     Yes     No

Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone number	Your last job title	

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this employer?     Yes     No

### Work Experience (continued)

Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone number	Your last job title	

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this employer?     Yes     No

### References

*Please include name, phone number, and circumstances of your acquaintance. Exclude relatives and former employers.*

1.

2.

3.

4.

*I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated.*

Signature

Date



The Georgia Bureau of Investigation consent form is needed to complete a statewide criminal search in Georgia.

The applicant must complete the following steps:

**Step 1:** The top portion of the form must be completed in its entirety and signed by the applicant.

- Full Name (last name, first name, middle name)
- Alias Names (last name, first name, middle name)
- Address
- Sex
- Race
- Date of Birth
- Social Security Number
- Signature
- Date

**Step 2:** The lower portion of the form must be completed

- Check applicable employment provisions
- Enter your first and last name to consent to periodic criminal history background checks for the duration of your employment with this company OR authorize the validity for a designated amount of time from the date of signature.

**Step 3:** Fax or Email Instructions

- Once you have completed the form, please fax or email a copy to Sterling at:
  - 646-829-3236 or [CrimAwaitingInfo@sterlingcheck.com](mailto:CrimAwaitingInfo@sterlingcheck.com)

If you have any questions please call 888-889-5248 to speak with a client services representative.



Georgia Bureau of Investigation  
Georgia Crime Information Center

Consent Form

I hereby authorize Sterling Infosystems, Inc dba Sterling to receive any Georgia 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

\_\_\_\_\_  
Alias Name(s) (Provide Full Alias Names)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Sex                      Race                      Date of Birth                      Social Security Number

\_\_\_\_\_  
Signature    Date

.....  
Special employment provisions (check if applicable):

- Employment with mentally disabled (Purpose code 'M' )
- Employment with elder care (Purpose code 'N' )
- Employment with children (Purpose code 'W' )
- Employment - Provides Georgia Criminal History Records Information (Purpose code 'E')

One of the following must be checked:

- This authorization is valid for 90/180/\_\_\_\_ (circle one) days from date of signature.
- I, \_\_\_\_\_ give consent to the above name to perform periodic criminal history background checks for the duration of my employment with this company

## SUBSTANCE TEST CONSENT, DISCLOSURE AND RELEASE FORM

I am being asked to provide a breath, blood, urine, hair, and/or saliva Specimen(s) for testing for Substances as described below. If I do not provide Specimens(s), or if I test positive, I will immediately be ineligible for employment, continued employment or contracting at this Facility and affiliated facilities/entities.

### Consent, Disclosure and Release

I authorize the Facility and any associated persons and/or entities to take Specimen(s) and to conduct tests for Substances.

I also authorize the Facility and any associated persons and/or entities to access and utilize Specimen and test information as needed pursuant to this Policy and process. Such authorization includes but is not limited to the right to release said information to associated persons and/or entities, contractors, licensing and law enforcement authorities.

I release the Facility and any associated persons and/or entities from any and all claims, causes of action, damages, or liabilities whatsoever arising out of or related to this Policy and process.

### The Substances

Substances which may be tested for include, but are not limited to, alcohol and the below drugs and their metabolites:

Drug Group	Common Names
Amphetamines	Adderall <sup>®</sup> , Dexedrine <sup>®</sup> , Desoxyn <sup>®</sup> , Benzedrine <sup>®</sup> , meth, crystal meth, speed, MDA, ben-nies, uppers
Cocaine	Crack, coke, rock, benzoylecgonine
Marijuana; THC	Cannabinoids, cannabis, grass, dope, reefer, weed, pot, hash, THC, Spice, K-2
Opiate	Empirin <sup>®</sup> w/codeine, Tylenol <sup>®</sup> w/codeine, Robitussin <sup>®</sup> A-C, Roxanol <sup>®</sup> , heroin, codeine, morphine, Laudanum, buprenorphine
Phencyclidine	PCP, angel dust, hog
Barbiturates	Amytal <sup>®</sup> , Nebutal <sup>®</sup> , Seconal <sup>®</sup> , Phenobarbital, Barbital, Bupap, Butalbital <sup>®</sup> , barbs, reds, yellows, downers
Benzodiazepines	Alprazolam, Ativan <sup>®</sup> , Halcion <sup>®</sup> , Librium <sup>®</sup> , Valium <sup>®</sup> , Xanax <sup>®</sup> , Versed <sup>®</sup> , Librax, downers, sleeping pills
Methadone	Amidone <sup>®</sup> , Dolophine <sup>®</sup> , fizzies
Propoxyphene	Darvon <sup>®</sup> , Darvocet <sup>®</sup> , Dolene <sup>®</sup> , yellow footballs
Meperidine	Demerol <sup>®</sup>
Oxycodone	Oxycontin <sup>®</sup> , Percocet <sup>®</sup> , Percodan <sup>®</sup> , Endocet <sup>®</sup>
Hydromorphone	Dilaudid <sup>®</sup>
Hydrocodone	Lortab <sup>®</sup> , Vicodin <sup>®</sup> , Norco <sup>®</sup> , Lorcel <sup>®</sup> , Polygesic <sup>®</sup>
Fentanyl	Actiq <sup>®</sup> , Duragesic <sup>®</sup> , Sublimaze <sup>®</sup> , apache, china white
Oxymorphone	Opana

If I test positive, I may be required to disclose any lawful use of Substances and/or provide explanations for the positive result. For example, even if marijuana/THC were legal, it is prohibited as it affects bodily functions, such as short term memory.

**Consent or Refusal to Provide Specimen(s)**

**I have read the above and (check one)**

- I consent to provide a Specimen(s) or**
- I refuse to provide a Specimen(s). I understand that my refusal is grounds for immediate disqualification from employment, continued employment or contracting.**

**Post Introductory EMPLOYEES ONLY- One Time Disclosure Option**

This option is only available to certain post-introductory period employees. On a one time only basis, as a post introductory period employee, you may disclose the use of Substances (as defined above) that may result in a positive test.

This disclosure may allow you avoid immediate termination of employment. If you test positive, and if you are not terminated, the Facility may choose to grant Conditional Reinstatement which, at a minimum, means you will be subject to the rehabilitation and reinstatement provisions of the Facility's Substance Policy.

**To use this one time option, YOU MUST DISCLOSE NOW. No later disclosure will be accepted.**

- I choose to disclose that I am currently taking the following Substances (as defined above) for which I do not have a current, legal, and valid Prescription:**

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**Person Being Tested and Witness Signatures**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**Additional Consent for Individuals under the Age of 18**

As the parent and/or guardian of the individual named above, I hereby consent to and authorize the Facility and affiliated persons and/or entities to proceed as outlined above.

\_\_\_\_\_  
Parent and/or Guardian's Signature

\_\_\_\_\_  
Date