



Corporate Office: 811 Broad Street 5th Floor Chattanooga, TN 37402
Phone: (888) 231-2888 or (423) 553-5635
Fax: (423) 553-5645 or (423) 490-0177

Employment Application

Thank you for your interest in our Company. SHP considers applicants for all positions on the basis of qualifications and without regard to race, color, religion, sex, national origin, age, marital status, veteran status, disability, sexual orientation, or the presence of a job related medical condition or handicap. Please note: completion of this application is not an offer of employment. Upon hire you will receive a New Hire Packet from the corporate office Human Resources Department.

PLEASE PRINT LEGIBLY IN BLUE OR BLACK INK ONLY:

Position Applied For: _____ Location (City/State): _____
Date of Application: _____ Are you available for: Full-Time Part-Time Shift Work Temporary

Name (Last, First, Middle): _____

List any other names you have gone by (maiden & etc.) _____

Street Address: _____

City/State/Zip Code: _____ Contact Number (Phone/Cell): _____

Social Security Number: _____ Date of Birth: _____ E-mail Address: _____

Please list Professional License Number and State Issued in the space provided: # _____

- A) Are you Currently Employed? Yes _____ No _____
- B) May we contact your present Employer? Yes _____ No _____
- C) Have you ever submitted an application with SHP? Yes _____ No _____
- D) Have you ever been convicted of a crime? Yes _____ No _____
- E) Have you ever had a professional license revoked, reviewed, suspended or limited in any way? Yes _____ No _____

If you answered YES to letters C, D, or E, please explain: _____

Applicant, please continue to the next page(s).

FOR CORPORATE USE ONLY:

Interviewed by: _____ Hire Date: _____ Payrate: _____ FT or PT position _____

Employee ID: _____ New Hire Packet Mailed: _____ Called for Introduction: _____

Notes: _____

Please Print Information	High School	Technical School	College/University	Other
List School Name and City & State				
Year Graduated				
Degree Received				
Course of Study				

Employment History and Experience: Please start with your present or most recent position. If information is included on your resume, Please attach your resume and only complete those items not listed on your resume (i.e. reason for leaving, salary, etc.)

Employer: _____ Employment Dates: _____

Date left employment: _____ Supervisor Name & Phone Number: _____

Hourly Rate: _____ Reason(s) for Leaving: _____

Duties Performed: _____

Employer: _____ Employment Dates: _____

Date left employment: _____ Supervisor Name & Phone Number: _____

Hourly Rate: _____ Reason(s) for Leaving: _____

Duties Performed: _____

Employer: _____ Employment Dates: _____

Date left employment: _____ Supervisor Name & Phone Number: _____

Hourly Rate: _____ Reason(s) for Leaving: _____

Duties Performed: _____

SIGNATURE OF ACKNOWLEDGMENT: I, (print your name) _____, understand a condition of my employment may be based on the issuance of a security clearance to work within a jail facility. I may be asked to have a background investigation performed. If I am denied a security clearance, any offer of employment will be withdrawn immediately without any obligation or liability to me other than for payment at the rate agreed upon for any services actually rendered. Further, I hereby authorize investigation of all statements contained herein and agree that if any material or willful misrepresentation or omission has been made by me, Southern Health Partners, Inc will withdraw any offer of employment immediately without any obligation or liability to me. Further, I also understand no supervisor, manager, or other representative of Southern Health Partners has any authority to enter into any express or implied contract for employment. Any employment contract must be in writing and must be signed by the Vice President or President of the Company.

Signature of Applicant: _____ Date: _____

Printed Name: _____

Please return this completed document along with any supporting documents (letters of reference, copy of medical licensure, resume) to our corporate office address which is listed at the top of Page 1. Again, thank you for your interest. If you have any further questions, please contact our office at the above numbers.