

Monroe County Hospital provides equal opportunities without regards to race, color, religion, sex, national origin, disability or age. MCH complies with the Americans with Disabilities Act of 1990 and the ADA Amendment Act of 2008. Selected candidates will be required to undergo alcohol/drug screening and a background check.

APPLICATION FOR EMPLOYMENT

Monroe County Hospital

P. O. Box 886
 Monroeville, AL 36461-0886 (251)575-3111

NAME _____
Last First Middle Position Applied For

CURRENT ADDRESS _____
Street City State Zip

TELEPHONE _____ ALTERNATE TELEPHONE _____
Area Code Number Area Code Number

PREVIOUS ADDRESS _____
Street City State Zip

HAVE YOU BEEN CONVICTED OF A CRIMINAL OFFENSE OTHER THAN TRAFFIC VIOLATIONS? Yes No

IF YES, GIVE DATES AND DETAILS BELOW. NATURE OF CRIME WILL BE CONSIDERED IN RELATION TO POSITION FOR WHICH YOU ARE APPLYING:

DATE YOU CAN BEGIN WORK _____ CIRCLE TIMES YOU CAN WORK: Day Evening Night Weekend

WILL YOU WORK OVERTIME WHEN SCHEDULED OR REQUESTED? Yes No

WILL YOU ACCEPT PART-TIME WORK? Yes No WILL YOU ACCEPT TEMPORARY WORK? Yes No

LIST YOUR SPECIAL SKILLS OR TRAINING _____

COMPUTER SKILLS _____ TYPING SPEED: _____
Words Per Minute

EDUCATION

NAME OF SCHOOL	LOCATION	DATES ATTENDED	GRADUATE?	DEGREE OR MAJOR SUBJECTS
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PROFESSIONAL LICENSE OR CERTIFICATION

Type	State	Date Issued	Expiration Date	Number
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EMPLOYMENT HISTORY

List current and previous employers below. Explain any lapses between times when employed under COMMENTS below.

EMPLOYER	ADDRESS	DATES		POSITION	REASON LEFT
		Begin	End		

COMMENTS: _____

PREVIOUS LEGAL NAME _____ YEAR CHANGED _____

HAVE YOU EVER BEEN DISCHARGED FROM A JOB OR FORCED OR ASKED TO RESIGN? Yes No

HAVE YOU EVER BEEN EXCLUDED OR SANCTIONED FOR FRAUDULENT PRACTICES WITH MEDICARE/MEDICAID? Yes No

CAN YOU PERFORM THE POSITION FOR WHICH YOU HAVE APPLIED WITH OR WITHOUT ACCOMMODATION? Yes No

I HEREBY AUTHORIZE MY CURRENT AND/OR FORMER EMPLOYERS TO RELEASE INFORMATION PERTAINING TO MY WORK RECORD, MY WORK HABITS, AND MY WORK PERFORMANCE WHILE IN THEIR EMPLOY. IF YOU DO NOT WANT US TO CONTACT YOUR CURRENT EMPLOYER, PLEASE NOTE _____

I HEREBY STATE THAT THE INFORMATION GIVEN BY ME IN THIS APPLICATION IS TRUE IN ALL RESPECTS. I AGREE THAT IF I AM A SELECTED CANDIDATE, OR AN EMPLOYEE OF MONROE COUNTY HOSPITAL, AND THE INFORMATION IS FOUND TO BE FALSE IN ANY RESPECT, THE HOSPITAL WILL WITHDRAW ITS CONDITIONAL OFFER OF EMPLOYMENT OR DISMISS ME AT ANY TIME.

I UNDERSTAND IF I AM EMPLOYED (OR AFFILIATED AS A TRAINEE) WITH THIS FACILITY THAT I AM REQUIRED TO: 1) FOLLOW OUR ORGANIZATION'S POLICIES AND PROCEDURES, 2) COMPLY WITH RULES AND REGULATIONS OF ALL FEDERAL, STATE, AND LOCAL GOVERNMENTS, 3) DETECT AND REPORT ILLEGAL OR UNETHICAL ACTIONS TO MY SUPERVISOR OR THE COMPLIANCE OFFICER OR THE HEALTHCARE ETHICS LINE (HOTLINE PHONE NUMBERS ARE POSTED ON EMPLOYEE BULLETIN BOARDS).

Date

Signature


FOR HUMAN RESOURCES USE ONLY

POSITION APPLIED FOR _____ DEPT. _____ . INTERVIEW DATE _____

SELECTED CANDIDATE INFORMATION:

SCREENING DATE _____ TENTATIVE START DATE _____

NOTES:



**MONROE COUNTY HOSPITAL
APPLICANT TRACKING SYSTEM
QUESTIONNAIRE**

The information below is **voluntary** and will be kept separate from your application. It is for applicant tracking purposes *only* as required by the Equal Opportunity Commission. Your participation in this system is appreciated.

Date _____ Position Applied For _____

Name _____ Female Male

Ethnic/Racial Self-Identification: *Please check one only*

American Indian or Alaska Native

Asian

Black or African American

Hispanic or Latino

Native Hawaiian or Other Pacific Islander

Two or More Races

White

I do not wish to participate.