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		8.49.4.41		Position A	pplied For	
Last	First	Middle		Position A	pplied Fol	
CURRENT ADDRESS	Street		City	_	State	Zip
TELEPHONE		ALTER	NATE TELEPHON	Ε		
Area Co	ode Num	ALTER		Area Code	Numbe	er
PREVIOUS ADDRESS	Street		0.11		State	Zip
			City			
HAVE YOU BEEN CO	NVICTED OF A CR	IMINAL OFFENSE OTH	ER THAN TRAFFI	C VIOLATIONS?	Yes	No
IF YES, GIVE DATES WHICH YOU ARE APP		LOW. NATURE OF CF	RIME WILL BE CO	ONSIDERED IN RE	LATION TO PO	SITION FOR
DATE YOU CAN BEG	N WORK	CIRC	CLE TIMES YOU	CAN WORK: Day	Evening Nigh	t Weekend
WILL YOU WORK OV	ERTIME WHEN SC	HEDULED OR REQUES	TED? Yes	No		
WILL YOU ACCEPT P	ART-TIME WORK?	YesNo	WILL YOU ACC	CEPT TEMPORARY	WORK?Y	esN
LIST YOUR SPECIAL	SKILLS OR TRAIN	NG				
COMPUTER SKILLS				TYPING SPEE	ED: Words Pe	er Minute
		EDÜC	CATION			
NAME OF SCHOOL		LOCATION	DATES ATTENDED	GRADUATE?		REE OR SUBJECTS
Туре	State	PROFESSIONAL LICE!		ATION ration Date	Numl	ber

## **EMPLOYMENT HISTORY**

List current and previous employers below. Explain any lapses between times when employed under COMMENTS below. POSITION **REASON LEFT ADDRESS** DATES **EMPLOYER** 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 IAM 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 \_\_\_\_\_DEPT. \_\_\_\_\_\_\_ INTERVIEW DATE \_\_\_ POSITION APPLIED FOR \_\_\_ SELECTED CANDIDATE INFORMATION SCREENING DATE \_\_\_\_\_\_ TENTATIVE START DATE \_\_\_\_\_ NOTES:



## MONROE COUNTY HOSPITAL EEO-1 REPORTING INFORMATION FORM

The Equal Employment Opportunity Commission (EEOC) has revised its policy urging employers to collect ethnic/race data through self-identification (versus employer visual identification). According to the EEOC, this should greatly increase accuracy in tracking and will modernize the annual EEO-1 report to better reflect today's more diverse demographic population.

31 300	
NAME: Last	Finel
. Last	First
	19 · <u>15.50</u> <u></u> 15.
ETHNIC/RACIAL SELF-IDENTIFICATION identify your ethnic/racial group. Please	(Please read through the choices
, year, carried and groups 1 seaso	encon only one dussinedion.
AMERICAN INDIAN OR ALASKA NA	1 <i>71VE</i>
ASIAN	
BLACK OR AFRICAN AMERICAN	
HISPANIC OR LATINO	9
	CIFIC ISLANDER
NATIVE HAWAIIAN OR OTHER PAG	· ·

RETURN THIS FORM TO HUMAN RESOURCES