

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

## 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:



