



**EVERGREEN MEDICAL CENTER
POST OFFICE BOX 706
EVERGREEN, AL36401
251-578-2480
EMPLOYMENT APPLICATION**

Please read carefully-write clearly-answer all questions. All areas of the application must be completely filled out to be considered for employment.

The questions found in this form are being asked to properly evaluate your ability and chance for success in the position for which you are applying. Every effort has been made to comply with the Applicable Federal Law and Laws of our State. It is not out intent to discriminate in employment on account of color, race, sex, religion, age National origin or handicap.

NAME: _____ DATE: _____
(Last) (First) (Middle) (Maiden)

OTHER NAMES UNDER WHICH YOU MAY HAVE WORKED: _____

CURRENT ADDRESS: _____
(Street) (City & State) (Zip)

HOME PHONE: _____ HOW IS NUMBER LISTED? _____

PHONE WHERE YOU MAY BE REACHED DURING THE DAY: _____

POSITION DESIRED: _____ DO YOU HAVE EXPERIENCE? _____

POSITION APPLYING FOR: _____ DO YOU HAVE EXPERIENCE? _____

SOCIAL SECURITY NUMBER: _____

HAVE YOU EVER WORKED FOR EVERGREEN MEDICAL CENTER? _____ IF SO, WHEN? _____

UNDER WHAT NAME? _____ REASON FOR LEAVING? _____

DO YOU NOW OR HAVE YOU EVER HAD ANY RELATIVES WHO WORKED FOR THIS HOSPITAL?
() YES () NO. IF YES, COMPLETE THE FOLLOWING:

NAME: _____ RELATIONSHIP: _____

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CAN YOU GET TO WORK ON TIME AS SCHEDULED AND WHEN CALLED IN ON SHORT NOTICE? _____

DATE YOU CAN BEGIN WORK? _____ SHIFT HOURS PREFERRED: _____

CAN YOU WORK : DAYS? _____ EVENINGS? _____ NIGHTS? _____ WEEKENDS? _____

WILL YOU ACCEPT FULL TIME WORK? _____ WILL YOU ACCEPT PART-TIME WORK? _____

WILL YOU ACCEPT TEMPORARY WORK? _____ WILL YOU WORK OVER-TIME WHEN SHCEDULED? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____ IF YES, EXPLAIN _____

DO YOU HAVE THE LEGAL RIGHT TO LIVE AND WORK IN THE USA? _____

ARE YOU OBLIGATED IN ANY WAY TO ANOTHER ORGANIZATION AS A SCHOLARSHIP RECIPIENT? _____

EMPLOYMENT HISTORY

Please give accurate, complete, full time and part time employment record. Start with the present or most recent employer.

Company Name:	Telephone: () -
Address:	Employed (Month and Year) From: _____ To: _____
Name of Supervisor:	Hourly Rate of Pay: Start: _____ Last: _____
State Job Title and Describe Your Work:	Shift Pay: \$ _____ per _____ Hour
	Call Pay: \$ _____ per _____ Hour
	Reason for Leaving:

Company Name:	Telephone: () -
Address:	Employed (Month and Year) From: _____ To: _____
Name of Supervisor:	Hourly Rate of Pay: Start: _____ Last: _____
State Job Title and Describe Your Work:	Shift Pay: \$ _____ per _____ Hour
	Call Pay: \$ _____ per _____ Hour
	Reason for Leaving:

Company Name:	Telephone: () -
Address:	Employed (Month and Year) From: _____ To: _____
Name of Supervisor:	Hourly Rate of Pay: Start: _____ Last: _____
State Job Title and Describe Your Work:	Shift Pay: \$ _____ per _____ Hour
	Call Pay: \$ _____ per _____ Hour
	Reason for Leaving:

PLEASE LIST OTHER JOBS ON A SEPARATE SHEET OF PAPER.

ARE YOU WILLING TO TAKE A PHYSICAL EXAM AT OUT EXPENSE? _____

SPECIAL SKILLS: _____

MACHINES, OFFICE EQUIPMENT AND/OR HOSPITAL EQUIPMENT YOU CAN OPERATE: _____

DO YOU KNOW MEDICAL TERMINOLOGY? _____

TYPING: APPROXIMATE WPM _____ SHORTHAND: APPROXIMATE WPM _____

COMPUTER: APPROXIMATE WPM: _____

EDUCATION					
SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	CERTIFICATION DEGREE OR DIPLOMA
COLLEGE					
HIGH					
ELEMENTARY					
OTHER					

ARE YOU CURRENTLY ENROLLED IN SCHOOL? _____ IF YES, WHERE? _____ MAJOR: _____

APPROXIMATE GRADUATE DATE/YEAR: _____

PROFESSIONAL LICENSES AND CERTIFICATIONS:

(TYPE) (ORIGINAL DATE ISSUED) (NUMBER) (STATE) (EXPIRATION)

(TYPE) (ORIGINAL DATE ISSUED) (NUMBER) (STATE) (EXPIRATION)

ARE YOU AT LEAST 19 YEARS OF AGE? _____

DO YOU HAVE A VALID ALABAMA DRIVER'S LICESNE? _____ # _____

PERSONAL REFERENCES: (Not relatives or former employers)

NAME:	ADDRESS	OCCUPATION	PHONE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HAVE YOU EVER BEEN DISCHARGED (FIRED) OR ASKED TO RESIGN FROM A JOB? _____ IF YES, EXPLAIN _____

Evergreen Medical Center is a drug free work environment. Prior to employment, a drug test is required. Random drug testing is a part of our substance abuse policy and all employees are to adhere to this policy.

I have made application for employment at Evergreen Medical Center and authorize all former employers to release information pertaining to employment history, attendance records, and work performance while in their employment.

Signature

Date

I also authorize my present employer to release information pertaining to employment history, attendance records, and work performance while I have been in their employment.

Signature

Date

I hereby state that the information given by me is true in all respects. I agree that if I am employed and the information is found to be false in any respect, I will be subject to dismissal without notice at anytime.

Signature

Date

Who may we notify in case of an emergency? _____ Phone: _____

Relation: _____