

# JEFFERSON COUNTY MEDICAL FOUNDATION TRUST

## APPLICATION FOR EMPLOYMENT

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment. Applicants are considered for positions without regard to race, color, sex, national origin, age, disability, religion or other protected classifications. If you need any accommodation in the application process or have any questions regarding the Trust's policy, please contact the personnel department.

The Jefferson County Medical Foundation Trust ("Trust") operates an employment placement service for health industry professionals in the Birmingham area and, unless you indicate otherwise in writing, your application and related information may be submitted to offices selected by the Trust for consideration for possible employment. Please indicate by initialing the appropriate space below, whether you consent to your application and related information being forwarded for consideration by other potential employers through the placement service.

\_\_\_ No, I do not want my application for employment to be considered by any entity other than the Jefferson County Medical Foundation Trust or Jefferson County Medical Society.

\_\_\_ Yes, the Jefferson County Medical Foundation Trust may submit this employment application and any information which it obtains through its investigation of my background, to other potential employers through its placement service. The only potential employers to whom I do not wish my resume submitted are: \_\_\_\_\_

### I. GENERAL

*Please print plainly and complete all blanks. Incomplete applications will not be accepted.*

Name	_____	Home Phone( )	_____
	First                  Middle                  Last		
Current Address	_____		
	Street	City	ST                  Zip
Other Addresses	_____		
( Past 5 years)	Street	City	ST                  Zip
	_____		
	Street	City	ST                  Zip

Social Security No. (Employment is subject to verification of applicant's identity and eligibility for employment as required by immigration laws) \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_

Are you over 18 years old? \_\_\_\_\_yes \_\_\_\_\_no (Employment is subject to verification that applicant's age meets legal requirements.)

Name Of Person to Notify in Case of Emergency:\_\_\_\_\_

Telephone No.\_\_\_\_\_ Relationship:\_\_\_\_\_

Positions applied for: 1. \_\_\_\_\_  
2. \_\_\_\_\_

Wage or salary desired: \$\_\_\_\_\_ When can you start?\_\_\_\_\_

Are you authorized to work in the U. S. on an unrestricted basis: \_\_\_\_\_Yes \_\_\_\_\_No

Have you worked for, or applied for work through, the Jefferson County Medical Society or the Jefferson County Medical Foundation Trust before? \_\_\_\_\_Yes \_\_\_\_\_No

If so, when\_\_\_\_\_ ? Name at the time, if different \_\_\_\_\_

Are there any hours, shifts, or days you cannot or will not work? \_\_\_\_\_Yes \_\_\_\_\_No

Shift Preferred\_\_\_\_\_

Are you willing to work overtime as required ? \_\_\_\_\_Yes \_\_\_\_\_No

Have you ever been convicted of a felony and/or served time in the past ten years? (a positive response will not necessarily disqualify an applicant for employment) \_\_\_\_\_Yes  
\_\_\_\_\_No

If yes, describe conditions, including the city and state and charge:\_\_\_\_\_

In addition to your work history, what other experiences, skills or qualifications would especially fit you for work in the position(s) sought? \_\_\_\_\_  
\_\_\_\_\_

Give three personal references: (Other than relatives)

Name:\_\_\_\_\_ Workday Telephone#:\_\_\_\_\_

Name:\_\_\_\_\_ Workday Telephone#:\_\_\_\_\_

Name:\_\_\_\_\_ Workday Telephone#:\_\_\_\_\_

## II. EMPLOYMENT RECORD FOR PAST 10 YEARS

Beginning with your present or most recent job and working backward in order, list your employer(s) for at least 10 years including all full-time and part-time employment. All time must be accounted for including military service, self-employment and periods of unemployment. Use supplementary sheet(s) if necessary. **We must have telephone numbers!**

*Current Or Most Recent Employer:* Name: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_  
 Are you presently employed? \_\_\_\_ Yes \_\_\_\_ No  
 May we call your current employer: \_\_\_\_ Yes \_\_\_\_ No  
 Address \_\_\_\_\_  
 Telephone(\_\_\_\_) \_\_\_\_\_  
 Position Held \_\_\_\_\_ Dates From \_\_\_\_\_ To \_\_\_\_\_ Rate of pay \_\_\_\_\_  
 Why do you want to change employers? \_\_\_\_\_  
 \_\_\_\_\_

*Second Last Employer:* Name \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone(\_\_\_\_) \_\_\_\_\_  
 Position Held \_\_\_\_\_ Dates From \_\_\_\_\_ To \_\_\_\_\_ Rate of pay \_\_\_\_\_  
 Why did you change employers? \_\_\_\_\_  
 \_\_\_\_\_

*Third Last Employer:* Name \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone(\_\_\_\_) \_\_\_\_\_  
 Position Held \_\_\_\_\_ Dates From \_\_\_\_\_ To \_\_\_\_\_ Rate of pay \_\_\_\_\_  
 Why did you change employers? \_\_\_\_\_  
 \_\_\_\_\_

*Fourth Last Employer:* Name \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone(\_\_\_\_) \_\_\_\_\_  
 Position Held \_\_\_\_\_ Dates From \_\_\_\_\_ To \_\_\_\_\_ Rate of pay \_\_\_\_\_  
 Why did you change employers? \_\_\_\_\_  
 \_\_\_\_\_

## III. EDUCATIONAL BACKGROUND

<i>Type of School</i>	<i>Name and City/State</i>	<i>Graduated?</i>		<i>Diploma/Degree</i>	<i>Major?</i>
Grade		Yes	No		
High School		Yes	No		
College		Yes	No		
Graduate		Yes	No		
Trade School		Yes	No		

**IV. SKILLS**

POSITION (Experienced)

Nurse RN \_\_\_\_\_ LPN \_\_\_\_\_  
Medical Secretary \_\_\_\_\_  
Bookkeeper \_\_\_\_\_  
Laboratory Tech \_\_\_\_\_  
X-Ray Tech \_\_\_\_\_  
Other Experience \_\_\_\_\_

Dental Hygienist \_\_\_\_\_  
Dental Assistant \_\_\_\_\_  
Receptionist \_\_\_\_\_  
File Clerk \_\_\_\_\_  
Dictaphone Steno \_\_\_\_\_

**OFFICE SKILLS**

Typing \_\_\_\_\_  
Electric \_\_\_\_\_  
Manual \_\_\_\_\_  
Speed WPM \_\_\_\_\_  
Medical Terminology \_\_\_\_\_  
Insurance Forms \_\_\_\_\_

Bookkeeping \_\_\_\_\_  
Full Charge \_\_\_\_\_  
Payroll \_\_\_\_\_  
Pegboard \_\_\_\_\_  
Shorthand: Regular \_\_\_\_\_  
                  Medical \_\_\_\_\_  
                  Speedwriting \_\_\_\_\_

Computer Programs: \_\_\_\_\_

**OFFICE MACHINES**

Adding Machine \_\_\_\_\_  
Addressograph \_\_\_\_\_  
Calculator \_\_\_\_\_  
Computer \_\_\_\_\_  
Dictating Machine \_\_\_\_\_

Keypunch \_\_\_\_\_  
Mimeograph \_\_\_\_\_  
Word Processor \_\_\_\_\_  
Other: \_\_\_\_\_

**TECHNICAL SKILLS**

Blood Counts \_\_\_\_\_  
Lab Work \_\_\_\_\_  
EKG \_\_\_\_\_  
EEG \_\_\_\_\_  
Differentials \_\_\_\_\_  
Injections \_\_\_\_\_  
Licenses/Certifications: \_\_\_\_\_

Treadmill \_\_\_\_\_  
Urinalysis \_\_\_\_\_  
Venipuncture \_\_\_\_\_  
Vital Signs \_\_\_\_\_  
X-Ray \_\_\_\_\_

**V. VOLUNTEER EXPERIENCE**

(List any pertinent experience you have had as a volunteer which would qualify you for the job you desire)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## VI. MILITARY STATUS

Have you served in the U. S. Armed Forces or in a U. S. state militia? \_\_\_\_\_ Branch? \_\_\_\_\_  
Dates: From \_\_\_\_\_ to \_\_\_\_\_  
Honorable Discharge? \_\_\_\_\_ Yes \_\_\_\_\_ No

## VII. ACKNOWLEDGMENT AND CONSENT

### *TO BE READ AND SIGNED BY APPLICANT*

I, applicant, understand and agree that this application is being submitted to the Jefferson County Medical Society Foundation Trust (the "Trust") which furnishes an employment placement service to area offices. Unless I have indicated above that I do not want my application submitted to potential employers other than the Trust, I authorize the Trust to furnish a copy of this application and any information which the Trust obtains about me, as a result of my submission of this application, to any other potential employer. It is agreed and understood that if I make any misrepresentation or furnish false or misleading information: (1) this application and any pending offer of employment will be revoked and (2) if I have already begun employment, that employment may be terminated immediately.

I understand and agree that the Trust or its agents or representatives may investigate my background to confirm any and all information I have furnished, whether the same is of record or not, and I hereby release the Trust, any potential employer to whom it furnishes information, and all former and/or current employers and educational institutions named herein from all liability for any damages for furnishing such information. It is understood that the information in this application will be used, and that prior employers and educational institutions will be contacted, for purposes of investigation and I hereby consent to the disclosure of the requested information by all previous employers, identified references and educational institutions.

I have been told that the Trust's investigation into my background may include, under the Fair Credit Reporting Act, 15 U.S.C. §1681-1681U, an investigating Consumer Report including information regarding my character, general reputation, personal characteristics and mode of living. I hereby consent to the furnishing of information by any credit reporting agency to the Trust, its agents or representatives, in connection with my potential or continued employment by or through the Trust. I understand that if any adverse actions taken against me as the result of the information furnished by any Credit Reporting Agency, I will be informed that such information has been used against me and I will be furnished with the name and address of the agency which furnished the information used against me. I also understand and agree that a criminal background check may be obtained at any time prior or subsequent to any offer of employment.

**I, applicant, understand, acknowledge, and agree that this application is intended only for use in evaluating my qualifications for potential employment. By receiving this application, the Trust does not guarantee that I will receive any offer of employment or that the Trust will forward my application for consideration through its placement service. I understand that if my application is forwarded to potential employers, those entities have the sole ability and discretion to decide whether or not to offer employment to me and if they choose to do so, to determine the terms and conditions of that employment. I understand that employment, if any, by the Trust is at-will, meaning that I, if offered employment by the Trust, may terminate my employment at any time and for any reason**

**or no reason and that, if I am hired, the Trust may likewise terminate my employment at any time, with or without advance notice and for any or no reason. Neither the acceptance of this application, nor the subsequent entry into either a part-time, introductory or regular employment relationship, regardless of the terms and conditions thereof, will serve to create and actual or an implied contract of employment, or confer any right to remain in the employ of the Trust or any other employer, or otherwise change in any respect the employment-at-will relationship between the Trust or any other employer and me. The at-will status of employment at the Trust may not be changed or altered except in a writing signed by its Executive Director.**

This application shall be construed to apply to all positions which I may hereafter hold with the Trust and with any other employer to whom the Trust forwards my application. If I am offered employment by the Trust, I agree to promptly familiarize myself with all government and Trust rules and regulations applying to such position(s), and to faithfully abide by them.

This application shall be deemed to be contemplated and executed in the State of Alabama. Unless otherwise altered in writing, all questions of law and fact which may arise regarding this application, or regarding any aspect of any employment relationship between me and the Trust or any employer to whom it forwards my application, will be interpreted, determined, and resolved in accordance with the laws of the State of Alabama, regardless of where I or my residence may be located at the time of application, hire or at any time during the course of my employment.

This certifies that I have read and completed this application, furnished all of the information contained herein, that all entries on it and information in it are true and complete to the best of my knowledge.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date