



APPLICATION FOR EMPLOYMENT

The policy of Baptist prohibits discrimination in employment because of race, color, religion, national origin, pregnancy, sex, handicap, disability, creed, marital and veteran's status, age of individuals who are at least 40.

Baptist reserves the right to consider an applicant for other Baptist position vacancies for which he/she qualifies other than those listed on the employment application.

Application Date _____ / _____ / _____
month day year

APPLICATION FOR:		
JOB TITLE	DEPARTMENT	HOSPITAL OR ENTITY LOCATION

PERSONAL INFORMATION

Name _____ SS# _____
Last First Middle

Address _____
Street (Apt #) City State Zip

Are you at least 18 yrs of age? Yes No Home Phone () _____

Eligible to work in U. S. Yes No Work Phone () _____

Have you ever been employed by Baptist? Yes No Cell Phone () _____

If yes, where? _____ Employment Dates From ____/____/____ To ____/____/____
Mo. Yr Mo Yr

Titles Held _____ FT PT PRN Other _____

Relatives working at Baptist	Corporation/Department	Job Title
Name _____	_____	_____
_____	_____	_____

Have you ever been convicted of a crime, including "driving under the influence (DUI)" or "driving while intoxicated (DWI)" but excluding minor traffic violations?

Yes _____ No _____ If yes, explain briefly and give date of offenses.

EMPLOYMENT INFORMATION

Type of Employment Preferred
 Full Time Part Time Occasional (PRN) Weekends Only Temporary Other _____

Available to work the following shifts Any Days Evenings Nights Rotating Other _____
Available to work weekends? Yes No Any days, shifts cannot work? _____

- All
- Every Other
- Occasional

Desired Salary \$ _____

PREVIOUS EMPLOYMENT

- Yes No Are you presently employed?
 Yes No Have you ever been employed?
 If so, list below all present and past employment beginning with the most recent.
 Yes No May inquiry be made of your present employer regarding your record of employment?

Date of Employment From _____ To _____		Exact Title of Position	Unit/Department
Employing Firm		Phone	Supervisor
Address _____ City _____ State _____ Zip _____			
Average Hrs/Week Worked	Salary: Starting: \$ _____ per	Final: \$ _____ per	
Reason for Leaving			
Duties/Responsibilities			

Date of Employment From _____ To _____		Exact Title of Position	Unit/Department
Employing Firm		Phone	Supervisor
Address _____ City _____ State _____ Zip _____			
Average Hrs/Week Worked	Salary: Starting: \$ _____ per	Final: \$ _____ per	
Reason for Leaving			
Duties/Responsibilities			

Date of Employment From _____ To _____		Exact Title of Position	Unit/Department
Employing Firm		Phone	Supervisor
Address _____ City _____ State _____ Zip _____			
Average Hrs/Week Worked	Salary: Starting: \$ _____ per	Final: \$ _____ per	
Reason for Leaving			
Duties/Responsibilities			

Date of Employment From _____ To _____		Exact Title of Position	Unit/Department
Employing Firm		Phone	Supervisor
Address _____ City _____ State _____ Zip _____			
Average Hrs/Week Worked	Salary: Starting: \$ _____ per	Final: \$ _____ per	
Reason for Leaving			
Duties/Responsibilities			

Note: If account of work experience is not continuous, please explain (use additional page if needed)

EDUCATIONAL EXPERIENCE (Please circle highest grade completed)														
Grade School	1	2	3	4	5	6	7	8	9	10	11	12	GED	Diploma
High School														
Location _____ City, State _____														

COLLEGE								
Name/Location (City, State)	Circle Academic Years Completed				Graduate Yes No		Type Degree	Major
	1	2	3	4				
	Other _____							
	1	2	3	4				
	Other _____							
	1	2	3	4				
	Other _____							

GRADUATE OR PROFESSIONAL SCHOOL								
Name/Location (City, State)	Circle Academic Years Completed				Graduate Yes No		Type Degree	Major
	1	2	3	4				
	Other _____							
	1	2	3	4				
	Other _____							
	1	2	3	4				
	Other _____							

OTHER SCHOOLS, CERTIFICATES, TRAINING, REGISTRATION, LICENSURES, ETC. (TRADE, VOCATIONAL, MILITARY, BUSINESS, TECHNICAL, PROFESSIONAL, ETC.)				
Name/Location (City, State)	Type of Program	Graduate Yes No		(License, Certification, etc.)

List all additional experience, training, education, skills, or qualifications related to the position for which you are applying. (For example: note clinical areas of experience, clerical skills, type machinery or equipment operated) PLEASE BE SPECIFIC				
Clerical Skills.	Typing	WPM	Other	

If applying for a position that requires you to drive a Baptist vehicle, do you have a valid driver's license?	Yes	No	License Number	State	Renewal Date
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FOR CERTIFIED, LICENSED OR REGISTERED APPLICANTS ONLY					
Licensed	Registered	Certification No.	Renewal No	Expiration Date	Issued in: _____ State
Certified	Eligible				

List Trade/Professional Organizations of Which you Are a Member. Do Not List Those Indicating Age, Sex, Race, Religion, National Origin or Union Membership	

MILITARY SERVICE	
Branch	Rank at Discharge
Dates of Service	Specialty

ADDITIONAL INFORMATION

Are you currently ineligible to participate in Federal health care programs or Federal procurement or non-procurement programs because you have been excluded, debarred, suspended or otherwise declared ineligible to participate?

Yes _____ No _____ If you answered yes, please provide a complete explanation on a separate page.

Have you ever been terminated from or asked to resign your employment?

Yes _____ No _____ If yes, please identify the employer and explain why.

REFERRAL SOURCE

- Commercial Appeal _____
- Other Publication _____
- Professional Magazine _____
- Internet Site _____
- T. V. _____
- Radio _____
- Baptist Reputation In Community _____
- Direct Mail Received _____

- Friend or relative referred me _____
- Current Employee referred me _____
- Former Employee referred me _____
- Job Fair _____
- Baptist Phone Job Hotline _____
- Recruiter School Visit _____
- Employment Agency _____
- E-Mail Received _____

JOB APPLICANT'S CERTIFICATION

PLEASE READ BEFORE SIGNING, CHECK YOUR APPLICATION TO ENSURE THAT YOU HAVE ANSWERED EVERY QUESTION ACCURATELY.

I understand that Baptist will rely upon the information provided on this application and any accompanying resume or licenses, if supplied, in making its employment decision, and I represent that the information I have given on this application and any accompanying credentials are complete, true and accurate. I understand that falsification, misrepresentation or omission on this application, my resume, any licenses, or any other personnel record or Baptist document will be grounds for rejection of my application or immediate termination of my employment, if I am employed, regardless of when the falsification, misrepresentation or omission is discovered.

Following any conditional offer of employment, I understand that I will be required to complete a drug test, and further consideration for employment, as well as my final offer of employment, will be conditional upon the successful completion of a drug test.

Further, any final offer of employment will be conditioned upon the results of the personal health history questionnaire and health evaluation, if requested. Any withdrawal of a contingent offer of employment based on information revealed in the health history questionnaire will only be made if Baptist determines I cannot perform the essential functions of the job with or without a reasonable accommodation.

I understand that nothing contained in this application or other written material furnished by Baptist shall constitute an implied or expressed contract for employment. I further understand that all such material is for informational purposes only.

If I am offered employment by Baptist and if I accept, my employment will be at-will for no specific duration, and can be terminated by Baptist or me at any time, without notice, for any or no reason.

Background investigations and references have been authorized by my signature on the accompanying Authorization for Release of Information/Employee Process Consent Form and the Authorization accompanying the Fair Credit Reporting Act Disclosure Statement and will be used by Baptist in making its employment decision.

I further understand that if accepted for employment, I will comply with the policies and procedures of Baptist and the corporation, department or unit where assigned.

I have read and understand this Job Applicant's Certification before signing.

Signature of Applicant

Date

HUMAN RESOURCES DEPARTMENT ONLY

Job Title _____ Job Code _____ Status/Planned Hours _____

Cost Center Number _____ Start Date _____ Salary Rate _____

Employment Authorization _____ Date _____
Name Title

Payroll Unit Code: _____

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

Baptist (Company) when considering your application for employment, when making a decision whether to offer you employment, when deciding whether to continue your employment (if you are hired), and when making other employment related decisions directly affecting you, may wish to obtain and use a “consumer report” from a “consumer reporting agency.” These terms are defined in the Fair Credit Reporting Act (“FCRA”), which applies to you. As an applicant for employment or employee of the Company, you are a “consumer” with rights under the FCRA.

A “consumer reporting agency” is a person or business that, for monetary fees, dues, or on a cooperative non-profit basis, regularly assembles or evaluates consumer credit information or other information on consumers for the purpose of furnishing “consumer reports” to others, such as the Company.

A “consumer report” is any written, oral or other communication of any information by a “consumer reporting agency” bearing on a consumer’s credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living which is used or collected for the purpose of serving as a factor in establishing the consumer’s eligibility for employment purposes.

An “investigative consumer report” is a “consumer report” or portion of a “consumer report” in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews. If the Company obtains an “investigative consumer report” about you, you will receive a written disclosure that such report has been requested within 3 days after the request. You may request from the Company within a reasonable time a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a written summary of your rights under the Fair Credit Reporting Act as prepared by the Federal Trade Commission.

If the Company obtains a “consumer report” or “investigative consumer report” about you, and if the Company considers any information in the “consumer report” or “investigative consumer report” when making an employment-related decision that directly and adversely affects you, you will be provided with a copy of the “consumer report” before the decision is finalized. You also may contact the Federal Trade Commission about your rights under the FCRA as a “consumer” with regard to “consumer reports” and “consumer reporting agencies.”

The Company will not use any information contained in a “consumer report” or an “investigative consumer report” in violation of any state or federal equal employment opportunity law.

AUTHORIZATION

I, _____, hereby acknowledge that I received a copy of **Baptist's** Fair Credit Reporting Act Disclosure Statement and that it describes my rights under the Fair Credit Reporting Act.

By signing below, I voluntarily authorize **Baptist** to obtain “consumer reports” or “investigative consumer reports” about me from a “consumer reporting agency” and to consider these reports when making decisions regarding my employment or prospective employment at **Baptist**. I understand that I have rights under the FCRA, including the rights discussed in the Fair Credit Reporting Act Disclosure Statement provided to me.

Signature: _____

Date: _____

BAPTIST

Authorization for Release of Information

I, _____, hereby authorize Baptist and/or its agents to make an independent investigation of my background, references, credit history, driving history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application or otherwise provided by me in the hiring process and/or obtaining other information which may be material to my qualifications for employment.

I further authorize all past or present employers, educational institutions, law enforcement and governmental agencies, military services, and personal references to give Baptist information concerning me, whether or not such information is contained on a written record, and consent to the release of personal information to Baptist, including but not limited to, information regarding my work record, police and court record, school record, character and general reputation.

I hereby release Baptist and its employees, officers and agents as well as any of its affiliated corporations and/or entities and its employees, officers and agents from any liability associated with the processing of this application. Further, I fully release any persons, corporations or other entities and their employees, officers and agents that provide information to Baptist and any of its affiliated corporations and/or entities for use in processing this application.

Employment Process Consent Form

I understand that Baptist does not always hire everyone who applies. Baptist does not always make hiring decisions instantly. Depending on several factors, hiring decisions may take several days or weeks.

Baptist DOES NOT DISCUSS ITS HIRING DECISIONS WITH APPLICANTS except where required by the Fair Credit Reporting Act or the Americans With Disabilities Act, or otherwise by law. Applicants are required to successfully complete all aspects of the employment process and all offers of employment are contingent upon successful completion of this process. Baptist is an Equal Opportunity Employer and I understand that I will be contacted if Baptist has a job offer for me. I also understand that the information I provide about myself on application forms, on surveys, and during interviews will be used in making hiring decisions, and I consent to it being used for this purpose.

YOUR FULL NAME (PLEASE PRINT ABOVE)

ALL OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN DURING THE LAST 7 YEARS

CURRENT ADDRESS

CITY/STATE/ZIP CODE

How Long?

PLEASE LIST ANY AND ALL CITIES YOU HAVE LIVED IN OVER THE PAST 7 YEARS

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Signature

Date
