

The policy of Baptist Memorial Health Care Corporation (BMHCC) 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.

 Application Date _____ / _____ / _____
month day year

APPLICATION FOR: DEGREE TYPE _____ SCHOOL CURRENTLY ATTENDING: _____	MAJOR _____ EXPECTED DATE OF GRADUATION: _____	DESIRED HOSPITAL ENTITY LOCATION _____
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PERSONAL INFORMATION

 Name _____ SS# _____
Last First Middle

 Address _____
Street (Apt #) City State Zip

Personal Email: _____ School Email: _____

 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 BMHCC? Yes No Cell Phone () _____

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

 Titles Held _____ FT PT PRN Other _____

 Relatives working at BMHCC

Name	Corporation/Department	Job Title
_____	_____	_____
_____	_____	_____

 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.

PLEASE ATTACH A RESUME

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.

Have you applied for or been approved to receive financial assistance through any scholarship(s) or grant(s), excluding school loans?
 Yes _____ No _____ If yes, please list the name, type, amount, and what the aid may be applied towards (tuition, books, etc.) :

Name: _____	Type: _____	Amount: \$ _____	per _____	Applied towards: _____
Name: _____	Type: _____	Amount: \$ _____	per _____	Applied towards: _____
Name: _____	Type: _____	Amount: \$ _____	per _____	Applied towards: _____
Name: _____	Type: _____	Amount: \$ _____	per _____	Applied towards: _____

REFERRAL SOURCE

<input type="checkbox"/> Commercial Appeal	<input type="checkbox"/> Friend or relative referred me
<input type="checkbox"/> Other Publication _____	<input type="checkbox"/> Current Employee referred me _____
<input type="checkbox"/> Professional Magazine _____	<input type="checkbox"/> Former Employee referred me _____
<input type="checkbox"/> Internet Site _____	<input type="checkbox"/> Job Fair _____
<input type="checkbox"/> T. V. _____	<input type="checkbox"/> Baptist Phone Job Hotline _____
<input type="checkbox"/> Radio _____	<input type="checkbox"/> Recruiter School Visit _____
<input type="checkbox"/> Baptist Reputation In Community	<input type="checkbox"/> Employment Agency _____
<input type="checkbox"/> Direct Mail Received _____	<input type="checkbox"/> E-Mail Received

APPLICANT'S CERTIFICATION

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

I understand that BMHCC will rely upon the information provided on this application and any accompanying resume or licenses, if supplied, in making its 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 record or BMHCC document will be grounds for rejection of my application or immediate termination of employment, if I am employed, regardless of when the falsification, misrepresentation or omission is discovered.

I understand that external educational Foundation Educational Assistance Program candidates will be subject the employment process that begins with a conditional offer of employment. 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 BMHCC 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 BMHCC 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 BMHCC and if I accept, my employment will be at-will for no specific duration, and can be terminated by BMHCC or me at any time, without notice, for any or no reason.

At the time of the employment process, I will authorize the appropriate Release of Information/Employee Process Consent Form and the Authorization accompanying the Fair Credit Reporting Act Disclosure Statement and will be used by BMHCC in making its employment decision.

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

I have read and understand this Foundation Educational Assistance Program Applicant's Certification before signing.

 Signature of Applicant _____
 Date

BMHCC

Foundation Educational Assistance Program

Essay

In 250 words or less, describe why you would like to become a _____ [title].