

Application for Employment

Morgan Memorial Hospital, in collaboration with the community will provide a high quality, comprehensive, cost effective health care network to service all those within Morgan County.

In accordance with the Drug Workplace Act of 1988, Morgan Memorial Hospital will not tolerate the usage of illegal drugs or alcohol in the workplace. Morgan Memorial Hospital requires all employees to pass a pre-employment drug screen and a criminal background check. Some positions may require employees to also pass a credit check and/or a motor vehicle license check.

PLEASE PRINT ALL INFORMATION ● INCOMPLETE APPLICATIONS MAY NOT BE PROCESSED
All items marked with an asterisk (*) must be completed

APPLICANT INFORMATION				
*Last Name	*First	M.I.	*Date	
Street Address			Apartment/Unit #	
City		State	ZIP	
*Home Phone	Cell Phone		Work Phone	
Email Address:				
List EACH place you have lived at any time in the past 5 years:				
1.	_____	_____	_____	_____
	Dates	Street	City	State Zip
2.	_____	_____	_____	_____
	Dates	Street	City	State Zip
3.	_____	_____	_____	_____
	Dates	Street	City	State Zip

JOB INFORMATION		
*Position Applied For	*Acceptable Salary	
Type Desired: <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Part-Time <input type="checkbox"/> Summer <input type="checkbox"/> PRN (as needed) <input type="checkbox"/> Volunteer <input type="checkbox"/> Other: _____	What shift(s) are you willing to work? <input type="checkbox"/> 7 am – 7 pm <input type="checkbox"/> 7 pm – 7 am <input type="checkbox"/> 7 am – 3 pm <input type="checkbox"/> 3 pm – 11 pm <input type="checkbox"/> 11 pm – 7 am <input type="checkbox"/> Nurse/CNA Weekend Option <input type="checkbox"/> 8 am – 4:30 pm <input type="checkbox"/> 8:30 am – 5 pm	Are you willing to work Weekends and/or Holidays if needed? <input type="checkbox"/> YES <input type="checkbox"/> NO <u>RN & LPN APPLICANTS ONLY – Clinical Preference</u> <input type="checkbox"/> In-Patient <input type="checkbox"/> ER <input type="checkbox"/> OR
When will you be available for work?	Do you have transportation to and from work? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain	
Are you related to anyone employed at Morgan Memorial Hospital? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, who?	
Are you under 18 years of age? (Workers Permit required if under 18 years of age) YES <input type="checkbox"/> NO <input type="checkbox"/>	*How were you referred to apply at Morgan Memorial Hospital? <input type="checkbox"/> MMH Website <input type="checkbox"/> Newspaper (Name) _____ <input type="checkbox"/> Walk-In <input type="checkbox"/> MMH Employee (Name) _____ <input type="checkbox"/> Other (Please list) _____	

CURRENT AND PREVIOUS EMPLOYMENT

Give complete records of all employment and/or reasons for periods of unemployment during the past 10 years. Begin with your most recent employer. Attach additional pages or a resume as needed.

From MM/YY	To MM/YY	Company
Address		Phone ()
Job Title		Supervisor
Reason for Leaving		Salary \$
Job Duties		
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

From MM/YY	To MM/YY	Company
Address		Phone ()
Job Title		Supervisor
Reason for Leaving		Salary \$
Job Duties		
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

From MM/YY	To MM/YY	Company
Address		Phone ()
Job Title		Supervisor
Reason for Leaving		Salary \$
Job Duties		
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

From MM/YY	To MM/YY	Company
Address		Phone ()
Job Title		Supervisor
Reason for Leaving		Salary \$
Job Duties		
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

Skills/Qualifications

Do you have any supervisory or management experience? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, how many years? _____	Have you worked in a Hospital before? YES <input type="checkbox"/> NO <input type="checkbox"/>
Sign Language: <input type="checkbox"/>	Foreign Language: <input type="checkbox"/> _____	Medical Terminology: <input type="checkbox"/> Dictaphone: <input type="checkbox"/> Typing: <input type="checkbox"/> WPM: _____
Computer Software: Word <input type="checkbox"/> PowerPoint <input type="checkbox"/> Excel <input type="checkbox"/> Publisher <input type="checkbox"/> Outlook <input type="checkbox"/> Cerner <input type="checkbox"/> Other Software <input type="checkbox"/> _____	List any additional skills or experience not included in this application: _____ _____ _____	

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

EDUCATION

High School		Number of Years Completed (Circle)			
		1	2	3	4
City	State	High School Diploma?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	GED?
					YES <input type="checkbox"/> NO <input type="checkbox"/>
College		Number of Years Completed (Circle)			
		1	2	3	4
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

PROFESSIONAL REFERENCES

Full Name	Relationship	
Company	Occupation	Phone ()
Full Name	Relationship	
Company	Occupation	Phone ()
Full Name	Relationship	
Company	Occupation	Phone ()

**FOR NURSING & CLINICAL APPLICANTS
PROFESSIONAL LICENSURE / REGISTRATION / CERTIFICATION**

WHICH PROFESSIONAL LICENSURE, REGISTRATION, AND/OR CERTIFICATIONS DO YOU HAVE? CHECK ALL THAT APPLY:

 RN LPN CNA ARRT AMT ASCP OT COTA PT PTA SLP Other _____

If you hold a professional license, registration, or certification, please indicate the following:

Type:	No:	State:	Expiration Date:
Type:	No:	State:	Expiration Date:
Type:	No:	State:	Expiration Date:

Do you have BLS or CPR? YES NO Do you have ACLS? YES NO List other certifications: _____Have you ever been sanctioned for misconduct by a professional or trade organization or governmental agency? YES NO

If yes, explain: _____

Have you ever had a license or certification in any jurisdiction limited, removed or voluntarily relinquished? YES NO

If yes, explain: _____

EQUAL OPPORTUNITY EMPLOYMENT STATEMENT

Morgan Memorial Hospital recruits, hires, trains, assigns, promotes, and compensates employees without regard to race, color, religion, sex, age, national origin, marital status, sexual orientation, genetic information, or disability. No question on this application is intended to secure information to be used for such discrimination.

STATUS OF APPLICATIONS/RESUMES

The Human Resources Department at Morgan Memorial Hospital will forward your application/resume to departments with openings that match your skills, experience, and education. If we need additional information or want to schedule an interview, we will contact you at the number(s) provided on your application. If your qualifications do not match our current needs, we will keep your application on file for 90 days.

You are encouraged to visit our website for the most current job postings: <http://www.mmh.org/Careers.php>. Please check back often for open positions. When we stop accepting applications/resumes for a particular posting, it is removed from the website.

Due to the large volume of applications/resumes we receive, Morgan Memorial Hospital does not acknowledge receipt of applications/resumes. You will be contacted if you are selected for an interview.

Thank you for your interest in Morgan Memorial Hospital.

APPLICATION AGREEMENT / STATEMENT OF UNDERSTANDING

I hereby certify that the answers and information given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind. I understand that false or misleading statements on this application may be grounds for immediate dismissal. I agree that Morgan Memorial Hospital shall not be liable in any respect if my employment is terminated because of the falsity of statements, answers, or omissions made by me in this application.

I grant permission to Morgan Memorial Hospital (and/or their authorized representative) to investigate my references, employment history, and/or educational credentials and related matters. I understand that this information will be used solely for the purpose of determining my qualifications for employment with Morgan Memorial Hospital.

I hereby release from liability all previous employers, educational institutions, and named references for releasing this information to Morgan Memorial Hospital. I also release Morgan Memorial Hospital from liability in using this information in making an employment decision.

I also understand and agree that as a condition of becoming employed, a criminal background check will be completed on viable applicants. Convictions will not absolutely prohibit employment but will only be considered in relation to specific job requirements. Felony conviction is excluded. I understand that I will be required to pass a pre-employment health screening **including a drug/alcohol test**. In addition, I realize that some positions at the Hospital may require a credit check and/or motor vehicle record check. I understand that I may not begin working at Morgan Memorial Hospital until all of these requirements are successfully completed and passed.

I further understand and agree that if hired, my employment is at-will, for no definite period of time, that it may be terminated at any time, and that my employer may unilaterally change any term or condition of employment (including wage rates or benefits described in any handbook, job description, or personnel manual) either with or without prior notice to me, and that such changes will become effective and shall govern my employment rights as soon as they are adopted. In addition, if accepted for employment, I agree to abide by the rules and policies of my employer, Morgan Memorial Hospital.

I hereby represent to Morgan Memorial Hospital that I am legally entitled to accept employment within the United States and can provide required documents.

Signature: _____

Date: _____