



# Application for Employment

Mercy Medical is an equal opportunity/affirmative action employer and does not discriminate in recruiting, hiring, training, promoting or other employment practices on the basis of race, color, religion, sex, marital status, age, national origin, or veteran or handicap status. No question in this application is intended to obtain information to be used for such discrimination.

Please note that wherever the words Mercy Medical are used in this application, they refer to all departments of Mercy Medical.

Please complete this form in your own handwriting and in ink. Even if including a resume, we ask that you fill in all information. If you require additional space for answers, please use an additional sheet of paper. Applications for positions not posted as open, applications for "any question" and incomplete applications will not be considered as applications for employment and will be discarded.

## Personal Information

Last Name	First Name	M.I.	Social Sec. No.	Telephone Number	Office Number
Street Address		City		State	Zip
If we are unable to contact you at this address/telephone number, where may you be reached? Address:				Telephone No.:	
If at current address less than 3 years, list previous addresses for past 3 years					
Street Address		City	State	Zip	How Long?
Street Address		City	State	Zip	How Long?

Are you 18 years of age or older?  Yes  No If not, do you have the proper work permits?  Yes  No

Have you previously been employed with Mercy Medical?  Yes  No

Have you previously applied for employment at Mercy Medical?  Yes  No

If yes: When? \_\_\_\_\_ What position? \_\_\_\_\_

List the names and relationships of any relatives presently working for Mercy Medical.

Name	Relationship
Name	Relationship

Have you been previously employed or attended school under another name?  Yes  No If yes, where and under what name? \_\_\_\_\_

How did you hear about Mercy Medical?  Newspaper  Internet  Friend If a friend, who? \_\_\_\_\_

## Job Requirements

Indicate type of position desired (be specific):	Job Number:
Salary requirements:	Would you work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No

State any limitations on your working hours:

(For positions requiring weekend work):

Would you consider working weekends?  Yes  No If Yes,  Saturday?  Sunday?

Would you consider working in:  Mobile County  Baldwin County  Both

(For positions requiring shift work):

Which shifts would you be available to work (Check all that apply)

7A - 3P  3P - 11P  11P - 7A  7A - 7P  7P - 7A  Other (indicate): \_\_\_\_\_

Check appropriate employment desired:  Full Time  Part Time  Temporary  Supplemental (PRN)

What date will you be available to begin work?

## Education, Training and Skills

School Attended	Name & Location	From	To	Major	Degree	G.P.A.*
High/Prep School						
GED or High School Equivalent?						
Business, Nursing or Technical School						
College						
College						
Graduate Study						
Special Training Courses						

\*G.P.A. means Grade Point Average

Do you plan to continue your formal education?  Yes  No If yes, when, where and what courses? \_\_\_\_\_

Do you presently have outstanding applications to any school(s)?  Yes  No If yes, what school(s)? \_\_\_\_\_

List any academic or community activities, honors, and offices which you presently hold or have held in the past. \_\_\_\_\_

List any special training you have and/or machines on which you have skills (include typing speed, if applicable). \_\_\_\_\_

Briefly describe below your interests, skills, and aptitudes which you feel qualify you for a position with Mercy Medical.  
If you need more space, please continue on a separate sheet of paper.

### Professional Licenses and Certifications

Type	State	Date Issued	Number	Expires

## Employment Experience

Please account for all jobs held beginning with your present or most recent employer. Include part-time employment, summer or temporary employment and military service (show rank and date of discharge).

Employment Dates Month / Year	Employment Company Name & Address (Incl. Phone #)	Salary		Position	Supervisor's Name(s)	Reason for Leaving
		Start	Final			
From						
To						
Duties:						
From						
To						
Duties						
From						
To						
Duties						
From						
To						
Duties						
From						
To						
Duties						

Have you ever been discharged or asked to resign from a position?  Yes  No If yes, explain the circumstances: \_\_\_\_\_

Have you ever held a position of trust (handling confidential material)?  Yes  No If yes, please specify: \_\_\_\_\_

Does your present employer know of your plans to change employment?  Yes  No

If not, when may we contact your employer? \_\_\_\_\_

Briefly state why you desire to make a change in employment: \_\_\_\_\_

## General Information

Have you ever been convicted of any misdemeanor or felony offenses?  Yes  No If yes, state offense, date, court, location, disposition of case, and any rehabilitation. \_\_\_\_\_

(NOTE: Conviction of a crime will not necessarily be a bar to employment. However, failure to disclose a conviction may disqualify you from consideration from employment or may result in termination without notice.

(For positions requiring driving):

Do you have a valid driver's license?  Yes  No Has your driver's license ever been revoked?  Yes  No

If yes, state date and reasons for revocation. \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

Indicate the total time you have lost from work and/or school for any reason during each of the past three years (excluding scheduled vacation).

Year:	Number of Days:	Reason:
Year:	Number of Days:	Reason:
Year:	Number of Days:	Reason:

**Certification and Agreement - Please read the following statements carefully before signing. If you have any questions regarding these conditions of employment, please ask for clarification before initialing your agreement next to the statement.**

**(Please initial each statement.)**

- (A)\_\_\_\_\_ This application will be given every consideration, but its receipt does not imply that I will be employed.
- (B)\_\_\_\_\_ I understand that in processing this employment application Mercy Medical may request that a complete background report be prepared, which will provide applicable information covering my personal character, employment, and public records. I have the right to request that Mercy Medical completely and accurately disclose to me the nature and scope of the investigation requested. Such a request must be made in writing to the Human Resources Department within thirty (30) days after I complete this application.
- (C)\_\_\_\_\_ I have not been debarred or excluded from participation in Medicare/Medicaid or any other federal or state funded health care program and I have not been convicted of a health care related criminal offense. I agree, if I am employed, to disclose any proposed actual or pending debarment actions, exclusions or other events that may make me ineligible to participate in a federal or state health care program or a federal procurement or non-procurement program.
- (D)\_\_\_\_\_ A set of performance standards has been developed by the staff of Mercy Medical to establish specific behaviors that all staff members are expected to practice while on duty. By incorporating these standards as a measure of overall work performance, Mercy Medical makes it clear that staff members are expected to adhere to and practice the standards of performance outlined in The Mercy Difference booklet. I have read and understand the standards of performance outlined in The Mercy Difference booklet and, if employed, I agree to comply with and practice the standards outlined within the booklet.
- (E)\_\_\_\_\_ Should I become employed, I will comply with all rules, regulations, policies, practices and programs established by Mercy Medical. I understand that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time at the option of either Mercy Medical or myself. I understand that no supervisor, representative or office of Mercy Medical other than the Chief Executive Officer has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.
- (F)\_\_\_\_\_ I agree to read my Staff Member Handbook upon hire and periodically during employment when requested to do so and sign a statement that I will abide by Mercy Medical's Code of Conduct. I fully understand that because of the nature of the business conducted by Mercy Medical, all information, whether written, spoken or otherwise communicated or obtained, and all files and records relating to the business of Mercy Medical or to any one with whom Mercy Medical has dealings, constitute privileged information and are to be treated in a strictly confidential manner. I fully understand and agree that should I be employed, I am not to, and will not at any time, communicate or reveal any business of Mercy Medical or any such information, records, files or the matters contained therein to unauthorized personnel within Mercy Medical or to any one outside Mercy Medical. I also understand that any violation of the foregoing may result in disciplinary action, including termination of employment.
- (G)\_\_\_\_\_ I understand that such employment is conditioned upon a favorable health evaluation which may include a physical examination by a doctor selected by Mercy Medical to which I hereby agree. Should I become employed by Mercy Medical, I also agree to complete a Medical Questionnaire.
- (H)\_\_\_\_\_ I authorize Mercy Medical to provide information concerning my employment to any prospective employer, government agency, or other party with a legal or proper interest.
- (I)\_\_\_\_\_ Should I be employed, I agree to have my photograph taken and placed on file.
- (J)\_\_\_\_\_ I fully understand that Mercy Medical employs only U.S. citizens and properly authorized aliens, and that should I become employed, federal law requires me to furnish to Mercy Medical proof of my identity and employment authorization, and to sign a statement under penalty of perjury verifying my eligibility for employment as a citizen or national of the United States or an otherwise employable alien.
- (K)\_\_\_\_\_ I understand that Mercy Medical has a Drug and Alcohol Policy that applies to all of its staff members and that I am able to review a copy of this policy upon my request. I further understand that Mercy Medical cannot offer me employment unless I pass a physical examination and a drug screen that will test me for alcohol, narcotics, hallucinogenic drugs, marijuana and other controlled substances. I further understand that my initialing of this section and signing of this application that I am stating that I have read and understand Mercy Medical's Drug and Alcohol Policy. In addition, I agree to take any blood, "breath analyzer" or urinalysis tests requested by Mercy Medical as a part of my employment physical examination or a drug screen. I agree to release Mercy Medical, its officers, agents and staff members from any liability in connection with or as a result of a physical examination and drug screen. I authorize release of any test results to Mercy Medical. I understand if I fail to initial this section or to sign this application below that my application cannot be considered for employment. If hired by Mercy Medical, I agree to comply at all times with Mercy Medical's policies and procedures including current drug and alcohol testing.

**I CERTIFY THAT ALL STATEMENTS MADE BY ME ON THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND THAT I HAVE WITHHELD NOTHING THAT WOULD, IF DISCLOSED, AFFECT THIS APPLICATION UNFAVORABLY. I HEREBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE CERTIFICATION AND AGREEMENT STATEMENTS AND UNDERSTAND THE SAME.**

Applicant's Signature	Application Date
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This application becomes void after a maximum period of 60 days, unless renewed by the applicant in writing. Previous editions are obsolete.

Form #HR100-8/2007

**Applicant (*Staff Member*) Must Read and Sign**  
**\*\*Request for Consumer and Background Report Disclosure and Release\*\***

**PLEASE PRINT CLEARLY**

Name: \_\_\_\_\_

Other Names Used in Last 7 Years: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
List Any Other Addresses Where You Have Lived for Last 7 Years

\_\_\_\_\_  
Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License(s): Issuing State(s): \_\_\_\_\_ Number(s): \_\_\_\_\_

I, \_\_\_\_\_, **UNDERSTAND**, that **Mercy Medical, A Corporation** may gather a consumer report on me for employment purposes, including but not limited to hire, promotion, demotion or termination purposes.

I, **UNDERSTAND**, that **Mercy Medical, A Corporation** may be gathering **ONLY** the following information:

- Employment records and reference checks**
- Address verification**
- Social security number verification**
- Criminal record information (state and county)**
- Driving records (MVR)**
- Military records**
- Educational records**

I hereby **AUTHORIZE, Mercy Medical** to gather for employment purposes a consumer and background report on me consisting of the above-listed information only.

I **UNDERSTAND** that if **Mercy Medical** wants to collect any consumer information about me other than that listed above, **Mercy Medical** will seek and obtain a new written authorization from me before doing so.

I **UNDERSTAND** that **Mercy Medical** will take reasonable steps to keep this information confidential.

I **UNDERSTAND** that a consumer report is any report (whether written, oral or through other communication) of any information by a consumer reporting agency bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living that is used or expected to be used or collected in whole or in part for the purpose of evaluating me for employment purposes, including but not limited to hire, promotion, demotion or termination purposes.

The consumer reporting agency (CRA) being used for these purposes is:

**Risk Mitigation Services, Inc.  
101 Euclid Avenue E  
Muscle Shoals, AL 35661**

**RELEASE**

In connection with my application for employment (including contract for services) with **Mercy Medical**, including their respective affiliates, subsidiaries and those organizations operating under a joint operating agreement I hereby fully release **Mercy Medical** and the above-listed CRA (Risk Mitigation Services [RMS]) their respective affiliates, subsidiaries, directors, officers, employees, agents and attorneys thereof, and each of them, and any individual, organization, entity, agency, or other source providing information to **Mercy Medical** and/or RMS from any and all claims and damages arising out of or relating to any investigation of my background for employment related purposes.

**I hereby authorize and give my consent to Mercy Medical for the gathering of consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Mercy Medical to gather consumer reports at any time during my employment (or contract) period.**

In connection with my application for employment (including contract for services) with **Mercy Medical**, I understand that an investigative consumer report and consumer reports, which may contain public record information, may be requested from *RISK MITIGATION*. These reports may include, but are not necessarily limited to the following types of information:

- **Names and Dates of previous employers**
- **Reason for termination of employment**
- **Work experience**
- **Any information relating to my character**
- **Any information about my general reputation**
- **Any information about my personal characteristics**
- **Any information about my mode of living**
- **My educational background**
- **Any other information about me, which may reflect upon my potential for employment gathered from any individual, organization, entity, agency, or other source, which may have knowledge concerning any such items of information.**

I further understand that these reports may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records.

**For purposes of gathering this information, I agree to supply the following information:**

**Optional:**

Male

Female

**American Indian or Alaska Native**

**Asian**

**Black or African American**

**Hispanic or Latino**

**Native Hawaiian or Other Pacific Islander**

**Two or More Races**

**White**

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**Print Name**

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**Social Security No.**

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**Applicant's Signature**

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**Date**