

J. PAUL JONES HOSPITAL

317 McWilliams Avenue, Camden, AL 36726

Phone: (334) 682-4131

Fax: (334) 682-0631

Email: careers@jpauljones.com

APPLICATION FOR EMPLOYMENT

Note: To be considered for employment, all sections of the application must be completed, signed and dated.

PLEASE PRINT

Position Applied For: _____ Date Submitted: _____

Last Name First Name Last 4 Digits of Social Security #

Current Address Telephone #

Home: _____

Cell: _____

Work: _____

City State Zip Code

E-Mail Address

PERSONAL INFORMATION

Are you 18 years of age or older?

Yes: _____ No: _____

Are you on the OIG or OMIG Exclusion lists?

Yes: _____ No: _____

If yes, give details: _____

How did you hear about J. Paul Jones employment opportunities?

Advertisement: _____

Friend: _____

Website: _____

Walk in: _____

Employee: _____

Name of friend/employee: _____

Position Applied For: _____

Shift Preferred: Day ___ Evening ___ Night ___ Full Time ___ Part Time ___ Per Diem ___

What date will you be available to begin employment? _____

Would you be interested in Temporary Employment? _____

Rate of pay expected? _____

Have you ever been employed at J. Paul Jones Hospital?

Yes: ___ No: ___

If yes, provide dates: _____

EDUCATION

Education	Name & Address	Did you graduate?	Diploma or Degree
High School/ GED	_____	Yes _____	_____
	_____	No _____	_____
College	_____	Yes _____	_____
	_____	No _____	_____
Other School	_____	Yes _____	_____
	_____	No _____	_____
Computer Skills: MS Office _____ Outlook _____ Other _____			

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

If Licensed, Registered or Certified:			
Type: _____	State Issued: _____	No. _____	_____
Type: _____	State Issued: _____	No. _____	_____
Type: _____	State Issued: _____	No. _____	_____

PREVIOUS WORK EXPERIENCE

(List current position first): Attach additional sheets if necessary

Employer	Dates		Work Performed
Address	From	To	
Job Title			
Supervisor: (not to obtain salary information)		Contact info. (phone or email):	
Reason for Leaving:			
Employer	Dates		Work Performed
Address	From	To	
Job Title			
Supervisor: (not to obtain salary information)		Contact info. (phone or email):	
Reason for Leaving:			

PREVIOUS WORK EXPERIENCE: (Continued)

Employer	Dates		Work Performed
Address	From	To	
Job Title			
Supervisor: (not to obtain salary information)		Contact info. (phone or email):	
Reason for Leaving:			

Employer	Dates		Work Performed
Address	From	To	
Job Title			
Supervisor: (not to obtain salary information)		Contact info. (phone or email):	
Reason for Leaving:			

List two references who are not relatives:

Name & Relationship	Telephone/E-Mail

Please check one of the following:

- _____ *I Authorize Verification of all Information Given and not request salary information*
- _____ *I Authorize Verification of all Information **except from Present Employer** and not request salary information (Note: Current Employer will be called after candidate has given notice at current position)*

Are you able to perform the essential, job related functions of the position for which you are applying with or without reasonable accommodations? YES _____ NO _____

*Describe any accommodations necessary: _____

Have you been convicted of a crime and/or released from confinement following a conviction for any criminal offense? YES _____ NO _____

*If yes, give date, place and nature of each such conviction: _____

Are you presently charged with any violation of the law? YES _____ NO _____

*If yes, give date, place and nature of each such event: _____

EQUAL EMPLOYMENT OPPORTUNITY

In all employment decisions including but not limited to recruitment, hiring, compensation, training, promotion, upgrading, demotion, downgrading, transfer, layoff, and termination, and all other terms and conditions of employment, it is the policy of J. Paul Jones Hospital to provide equal opportunity to persons regardless of race, religion, age, gender, disability or any other classification in accordance with federal, state and local statutes, regulations and ordinances.

Signature of Applicant: _____ Date: _____