

995 9th AVE S.W.,  
 Bessemer • AL • 35022  
 Phone: 205-481-7105  
 Fax: 205-481-7994  
 Application #



THIS APPLICATION WILL BE ACTIVE FOR  
**Ninety (90) DAYS.**

# Application for Employment

Date \_\_\_\_\_

It is the policy of Medical West to provide equal employment opportunities without regard to race, color, religion, sex, national origin, age, disability, genetic information or any other condition protected by applicable federal, state or local laws. Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation for the application and/or interview process should notify a representative of the Human Resources Department.

**Position(s) applied for:** (1) \_\_\_\_\_ (2) \_\_\_\_\_

**Hours you are available to work:**  1st shift  2nd shift  3rd shift  any shift

**Type of employment desired:**  Full Time  Part Time  Temporary

**Referral Source:**  Advertisement  Employee  Relative  Job Fair  Walk-in  Web Site

Other: \_\_\_\_\_ Publication Name: \_\_\_\_\_

**Name:** Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

**Address:** Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Telephone :** ( ) \_\_\_\_\_ **Mobile/Other #:** ( ) \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

**May we contact you at work?**  Yes  No **If yes, work # and best time to call:** \_\_\_\_\_

**Are you 18 years of age or older?**  Yes  No

**Have you previously submitted an application for employment?**  Yes  No **If yes, give dates:** \_\_\_\_\_

**Were you ever employed at Bessemer Carraway Medical Center/Medical West before?**  
 Yes  No **If yes, give dates:** \_\_\_\_\_

**Do you have any relatives employed at Medical West?**  Yes  No **If yes, who:** \_\_\_\_\_

**If hired, can you present evidence of your legal right to work in this country?**  Yes  No **Date available for work:** \_\_\_\_\_

**Will you work overtime if required?**  Yes  No **If no, explain why not:** \_\_\_\_\_

**Are you able to meet the attendance requirements of the job?**  Yes  No

**Have you been convicted of a felony or pled guilty or no contest to a crime? (Do not include convictions that were sealed or expunged pursuant to a court order.)**  Yes  No **If yes, please explain:** \_\_\_\_\_

*Yes answers will not necessarily be a bar to employment. Each instance and explanation will be considered in relation to the position for which you are applying.*

**Do you currently have any arrests that are pending or awaiting disposition?**  Yes  No **If yes, please explain:** \_\_\_\_\_

**Do you have the ability to perform the essential job functions, with or without accommodation, for the position(s) for which you have applied?**  Yes  No **If no, please explain:** \_\_\_\_\_

**If applying for a position that will include driving, list Driver's License Number:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

<b>EDUCATION:</b> High School Diploma or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>CIRCLE OR BRACKET THE HIGHEST GRADE OF SCHOOL COMPLETED:</b> 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4
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**PROVIDE INFORMATION ON ALL SCHOOLS ATTENDED. SPECIFY UNDERGRADUATE OR GRADUATE WORK.**

Name and Location of School	Dates of Attendance (Month/Year)	Type of Degree	Major
_____	_____	_____	_____
_____	_____	_____	_____

**PROFESSIONAL LICENSE OR CERTIFICATE**

License/Certificate Issued By	Field/Trade/Specialization	License/Certificate No.	Issue Date	Exp Date
_____	_____	_____	_____	_____

**List Training Courses Successfully Completed (and hours earned) which are particularly related to position:**


**Employment History**

Provide the following information for your past and present employers, assignments or volunteer activities, starting with the most recent (additional employment history sheet can be obtained from Human Resources if necessary). Explain any gaps in employment.

EMPLOYER	TELEPHONE	DATES EMPLOYED Summarize the type of work performed and job responsibilities		
ADDRESS		FROM	TO	
JOB TITLE		HOURLY RATE/SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATE/SALARY FINAL		
MAY WE CONTACT THE ABOVE SUPERVISOR/EMPLOYER FOR AN EMPLOYMENT REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	TIME IN CURRENT POSITION
EMPLOYER	TELEPHONE	DATES EMPLOYED Summarize the type of work performed and job responsibilities		
ADDRESS		FROM	TO	
JOB TITLE		HOURLY RATE/SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATE/SALARY FINAL		
MAY WE CONTACT THE ABOVE SUPERVISOR/EMPLOYER FOR AN EMPLOYMENT REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	TIME IN CURRENT POSITION
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REASON FOR LEAVING		HOURLY RATE/SALARY FINAL		
MAY WE CONTACT THE ABOVE SUPERVISOR/EMPLOYER FOR AN EMPLOYMENT REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	TIME IN CURRENT POSITION

**Additional Skills and Qualifications** - Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

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## APPLICANT'S STATEMENT AND ACKNOWLEDGEMENT

**THIS APPLICATION IS NOT COMPLETE UNTIL IT IS FULLY COMPLETED, SIGNED, AND ALL STATEMENTS BELOW HAVE BEEN READ AND INITIALED.**

- Initial: \_\_\_\_\_ I certify that all of the information furnished on this application and during the application process is true, complete and correct to the best of my knowledge. I understand that any misrepresentation or omission of facts called for may result in refusal to hire, or if hired, may result in my dismissal at any time regardless of when the false answer omissions are discovered.
- Initial: \_\_\_\_\_ I recognized that this employment application is not an offer of employment. I agree that if I am hired by Medical West, I will be an at-will employee, meaning that either Medical West or I may end the employment at any time without cause or notice. I understand that only the CEO and President of Medical West, and no manager, supervisor, or other representative of Medical West has authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the at-will employment relationship, and with respect to the CEO and President, any such agreements must be in writing.
- Initial: \_\_\_\_\_ I further understand and agree that, except for employment-at-will status, if hired my wages, hours, working conditions, job assignment(s), and compensation rate(s) will be subject to change by Medical West.
- Initial: \_\_\_\_\_ I understand that if I am offered employment, I will have to provide proof of identity and legal work authorization.
- Initial: \_\_\_\_\_ I understand that if I am offered employment, I may be required to sign a non-solicitation and non-disclosure agreement, as a condition of the employment.
- Initial: \_\_\_\_\_ I understand that Medical West may share the information contained in this application with other Medical West employees for employment and administrative purposes and hereby consent to such transfer.
- Initial: \_\_\_\_\_ I hereby authorize Medical West to conduct any necessary investigation regarding my background as it relates to the position I am seeking and to the extent permitted by federal, state, and local law. I agree to complete the requisite authorization forms for the background investigation. I hereby release all parties from any liability in connection with the provision and use of such information.
- Initial: \_\_\_\_\_ I understand and expressly agree that if employed by Medical West, storage areas provided for me (locker, desk, etc.) are open to investigation by Medical West without prior notice to me.
- Initial: \_\_\_\_\_ I agree to undergo a pre-employment physical examination consistent with federal and state law.
- Initial: \_\_\_\_\_ I agree to submit legally permissible drug testing upon an offer of employment from Medical West and prior to starting work. I agree that any offer of employment is contingent upon my receiving a negative test result. I further agree to submit to legally permissible drug testing throughout my employment with Medical West in accordance with Medical West's Drug and Alcohol Policy.

**My signature below certifies that I agree to be bound by the terms and conditions stated in this application, which contains all the understandings between Medical West and me concerning the topics addressed herein, and supersedes any prior inconsistent understandings between Medical West and me on such issues.**

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

This application will only be considered for 90 days. If you have not been hired within 90 days of filling out this application and you wish to continue to be considered for employment you must complete another application.