



"Health Care with a Heart"



APPLICATION FOR EMPLOYMENT

1077 S. Main Street, P.O. Box 860, Madison, GA. 30650

706-342-1667

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 work place. Morgan Memorial Hospital requires all employees to pass a pre-employment drug screen, a criminal records check, a credit check and a motor vehicle license check.

Personal Information: (Please PRINT all information.)

Name: _____ Date: _____

Current Address:

Street City State Zip
Home Phone: _____ Cell Phone: _____ Work Phone: _____

List EACH place you have lived at any time in past 5 years:

- Dates Street City State Zip
- Dates Street City State Zip
- Dates Street City State Zip

Job Information:

Position you are applying for: _____ Acceptable Salary: _____

Type Desired:

- Full-Time
- Part-Time
- Temporary
- Summer
- Other

What shift are you willing to work?

- 7A/3P
- 3P/11P
- 11P/7A
- 7P/7A
- 7A/7P
- Weekend Option

Are you willing to work weekends and/or holidays?

- yes
- no

When will you be available for work?: _____

Skills/Qualifications:

Please list skills and/or supervisory qualifications that would correspond with the position applied for:

Typewriter yes no WPM? _____ Computer yes no Dictaphone yes no Med. Terminology yes no

List additional skills or experience: _____

Employment Application

Revised: 6/1/2006

EMPLOYMENT APPLICATION PAGE 2

Additional Personal Information:

Are you under 18 years of age? yes no (Workers permit required if under 18 yrs.)

Are you a U.S. citizen or an Alien Legally authorized to work in the United States? yes no

If NO, type of Visa: _____

Have you ever been convicted of a felony? yes no If "yes," please explain thoroughly: _____

Are you related to anyone employed at Morgan Memorial Hospital? If "yes", who? _____

How were you referred to apply?: _____

Education:

High School: Number of years completed: (circle) 1 2 3 4

Name of School: _____ City: _____ State: _____

High School Diploma? yes no G.E.D. ? yes no

College: Number of years completed: (circle) 1 2 3 4 5 6 7 more

School: _____ City: _____ State: _____

Major: _____ Degree Earned: _____

If you hold a PROFESSIONAL LICENSE, REGISTRATION, or CERTIFICATION, please indicate:

Type: _____ No.: _____ State: _____ Expiration Date: _____

References: (1 personal required and 2 work/professional required)

Name: _____ Occupation / Organization: _____

Phone Number: _____ Address: _____

Name: _____ Occupation / Organization: _____

Phone Number: _____ Address: _____

Name: _____ Occupation / Organization: _____

Phone Number: _____ Address: _____

Employment History: (Give complete records of all employment and/or reasons for periods of unemployment during the past 10 years. Begin with most recent employer.)

Last Employer From		To		Employer Name and Address Telephone #	Last Salary/ Positions Held	Reason for Leaving
Mo.	Yr.	Mo.	Yr.	Employer: No. & Street: City, State, Zip Telephone:	Salary: Position: Supervisor	
Mo.	Yr.	Mo.	Yr.	Employer: No. & Street: City, State, Zip Telephone:	Salary: Position: Supervisor	
Mo.	Yr.	Mo.	Yr.	Employer: No. & Street: City, State, Zip Telephone:	Salary: Position: Supervisor	
Mo.	Yr.	Mo.	Yr.	Employer: No. & Street: City, State, Zip Telephone:	Salary: Position: Supervisor	
Mo.	Yr.	Mo.	Yr.	Employer: No. & Street: City, State, Zip Telephone:	Salary: Position: Supervisor	
May we contact the employers listed above? _____ If not, please indicate employers we may contact.						
Additional Information: _____						

Statement of Understanding/Consent: I authorize Morgan Memorial Hospital (and/or their authorized representative, to investigate my references and previous work history as indicated above and release such individuals, companies or institutions and MMH from any and all liability for any damage whatsoever incurred by furnishing such information. I understand that incorrect information on this application may be grounds for immediate dismissal. I understand that MMH will require a pre-employment Criminal Background Check, Drug Screen, and Employee Health screens and that I may not begin working at MMH until all of these requirements are successfully completed.

All applications will be reviewed by Human Resources and the hiring manager. Applicants will be contacted directly if chosen for an interview.

Applicant Signature: _____ **Date:** _____