



MEMORIAL HOSPITAL
JACKSONVILLE, FLORIDA

Application for Employment

A7940 10/02 04/07

It is the policy of this facility 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.

		Date	Are You At Least 18 Years Old? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Applicant Name (Please Give Complete Name)		Social Security No.	Home Phone	
Present Address (Include City, State, Zip Code)				
Previous Address (If at Present Address Less Than 12 Months)				
Current Open Position(s) for Which You are Applying		Type of Position	Shift	
1)	2)	3)	<input type="checkbox"/> Per Diem <input type="checkbox"/> Pool	<input type="checkbox"/> Weekend
			<input type="checkbox"/> Full Time <input type="checkbox"/> PRN	<input type="checkbox"/> Day <input type="checkbox"/> Night
			<input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	<input type="checkbox"/> Evening <input type="checkbox"/> Rotation
Salary Requirements	Are You Willing to Travel? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are You Willing to Relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have adequate means of transportation to get to work on time each day and when called in on short notice during normal working hours: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If overtime work is required periodically, does this pose a problem for you? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Available for Work	Are You Legally Authorized to Work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever worked in a facility associated with HCA? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what facility?		Are you related to another facility employee? <input type="checkbox"/> Yes <input type="checkbox"/> No
How did you learn about this position? <input type="checkbox"/> Radio <input type="checkbox"/> Agency <input type="checkbox"/> Job Listing <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> School <input type="checkbox"/> Job Line <input type="checkbox"/> Internet <input type="checkbox"/> Current Employee _____ <input type="checkbox"/> Other _____		Are you able to perform the essential, job related functions of the position for which you are applying with or without accommodations: <input type="checkbox"/> Yes <input type="checkbox"/> No Describe any accommodations necessary.		
		Have you ever been convicted of a crime, had adjudication withheld, plead no contest/nolo contendere, and/or been released from confinement following a conviction for any criminal offense. If yes, give date, place and nature. <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Are you presently charged with any violation of the law? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date, place and nature of each such charge.		
		Are you currently excluded, suspended, debarred or otherwise ineligible to participate in the Federal health care programs, or have you been convicted of a criminal offense related to the provision of health care items or services but not yet been excluded, debarred, or otherwise declared ineligible? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Educational History

Type of School	Name of School		Check Last Year Attended in School		Degree or Certificate
	City, State				
High School/ GED			⑨ ⑩ ⑪ ⑫	Graduated/GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
College			① ② ③ ④	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
College			① ② ③ ④	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School			① ② ③ ④	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other			From (Year)	To (Year)	

List any professional licenses, registration or certification you possess (include Driver's License, if applicable)				Clerical or other skills applicable to the position for which you are applying:	
Type	State Issued	Expiration Date	Number	<input type="checkbox"/> Typing (_____ wpm)	<input type="checkbox"/> PBX
_____	_____	_____	_____	<input type="checkbox"/> Proficient in Software: _____	
_____	_____	_____	_____	<input type="checkbox"/> Business machines and/or equipment you can operate: _____	
_____	_____	_____	_____	_____	

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Employment History Please provide a minimum of the most recent 10 years employment history including any period of unemployment. Attach additional pages if needed.							
Current or Most Recent	From	Mo.	Yr.	To	Mo.	Yr.	Company
	Phone Number		Immediate Supervisor				
	()						
	Salary \$		Address		May we contact them?		Name while employed
				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Job Title				Other reference with the employer			Reason for leaving
Nature of Duties							
First Previous	From	Mo.	Yr.	To	Mo.	Yr.	Company
	Phone Number		Immediate Supervisor				
	()						
	Salary \$		Address		Name while employed		
Job Title				Other reference with the employer			Reason for leaving
Nature of Duties							
Second Previous	From	Mo.	Yr.	To	Mo.	Yr.	Company
	Phone Number		Immediate Supervisor				
	()						
	Salary \$		Address		Name while employed		
Job Title				Other reference with the employer			Reason for leaving
Nature of Duties							
Third Previous	From	Mo.	Yr.	To	Mo.	Yr.	Company
	Phone Number		Immediate Supervisor				
	()						
	Salary \$		Address		Name while employed		
Job Title				Other reference with the employer			Reason for leaving
Nature of Duties							

Professional References (Other than Relatives)

Give two references who have good knowledge of your work.

Name	Position	Address (include City / State)	Phone – Work / Home	Number of Years Known
1.				
2.				

Please Review and Sign Where Indicated.

In making application for employment:

- I certified that the information in this application is true and complete for all practical purposes. It may be verified by the facility or any affiliate. Should a position be offered and later it is found that the information is significantly untrue, incomplete, or misrepresented, I understand and agree that the facility or its affiliates are relieved of all commitments, financial or otherwise pertinent to employment, and that I am subject to immediate discharge without recourse.
- I understand that an investigative report may be made by a consumer reporting agency to include information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. If such an investigative report is made, I understand that I will receive notice that such report has been requested, and that I will have the right to make a written request for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

- I understand and agree that any employee Handbook which I may receive will not constitute an employment contract, but will be merely a gratuitous statement of facility policies.
- I understand that the facility reserves the right to require its employees to submit to blood tests or urinalyses for alcohol or drug screens, or to allow inspection of bags (including purses or briefcases) or parcels brought into or taken out of the facility. I understand that refusal to submit to a urinalysis, blood test or search, when requested to do so, may result in termination of my employment.
- Compliance with this facility's Substance Abuse Policy is a condition of employment. This hospital requires that every newly hired employee be free of alcohol or drug abuse. Each offer of employment is contingent upon successfully completing a urinalysis test / screen for alcohol and drugs in accordance with hospital policy. Continued employment is also contingent upon compliance with the hospital's Alcohol and Drug Abuse Policy.

- I understand and agree that if I am offered employment by the facility, my employment will be for an indefinite period and the employer may terminate the employment relationship for cause. Cause is defined as a reason for disciplinary action that is not arbitrary, capricious or illegal, that is based on facts that the employer reasonably believes to be true. Some examples of cause include, but are not limited to, (1) dissatisfaction with an employee for such reasons as lack of capacity or diligence, failure to conform to usual standards of conduct or other culpable or inappropriate behavior, or (2) economic needs subject to the reasonable judgment of the employer. I also understand that this status can only be altered by a written contract of employment which is specific as to all material terms and is signed by me and the administrator of the facility.

Release:

I hereby authorize any prior employers to provide such information concerning my employment with them as may be requested, and also authorize the Registrar / Placement Office of all educational institutions attended to release an official copy of my transcript and, if available, faculty appraisals. I also authorize any appropriate licensing board to release full information concerning my licensure status and my licensure history.

I have read and understand these conditions of employment.	Applicant Signature _____	Date Prepared _____
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Office Use Only	<input type="checkbox"/> Referred to Department _____	<input type="checkbox"/> Not Qualified for Opening
	<input type="checkbox"/> Recommended Employment	<input type="checkbox"/> Hold for Future Opening
	Date _____	By _____
<input type="checkbox"/> References Checked		

Reference Check

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Fax Telephone Mail

Facility Name Memorial Hospital		Date		
To Be Completed By Applicant	Applicant Name		Position Applied For	
	Previous Name If Different From Current		Social Security Number	
	Employer Name		Supervisor's Name	
	Employer Address		Phone Number ()	Fax Number ()
	Position Titles Held		Dates of Employment From To	
	Reason for Leaving			

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Applicant Signature	Date Prepared
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To Be Completed By Former Employer	Is the above information correct? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, please explain.			
	Is the applicant eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, please explain.			
	Characteristics	Exceed Expectations	Met Expectations	Did Not Meet Expectations
	Quality of Work			
	Quantity of Work			
	Dependability			
	Attendance (excluding FMLA)			
	Cooperative			
	Ability to Work With Others			
	Initiative			
	Professional Knowledge / Experience			
	Promo ability			
	Judgment / Decision-Making			
	Supervisory Ability / Leadership			
	Organization / Planning			
Comments				

Verified With	Title	Verified By	Date
Return To: Name			Fax Number

Reference Check

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	Ability to Work With Others			
	Initiative			
	Professional Knowledge / Experience			
	Promo ability			
	Judgment / Decision-Making			
	Supervisory Ability / Leadership			
	Organization / Planning			
Comments				

Verified With	Title	Verified By	Date
Return To: Name			Fax Number

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every “consumer-reporting agency” (CRA). Most CRAs are credit bureaus that gather and sell information about you – such as where you work and live, if you pay your bills on time, and whether you’ve been sued, arrested, or filed for bankruptcy – to creditors, employers, and other businesses. The FCRA gives you specific rights in dealing with CRAs, and requires them to provide you with a summary of these rights as listed below. You can find the complete text of the FCRA, 15 U.S.C. 1681 et seq., at the Federal Trade Commission’s web site (<http://www.ftc.gov>).

- ❖ **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you – such as denying an application for credit, insurance or employment – must give you the name, address and phone number of the CRA that provided the report.
- ❖ **You can find out what is in your file.** A CRA must give you all the information in your file and a list of everyone who has requested it recently. However, you are not entitled to a “risk score” or a “credit score” that is based on information in your file. There is no charge for the report if your application was denied because of information supplied by the CRA, and if you request the report within 60 days of receiving the denial notice. You are also entitled to one free report a year if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you a fee of up to eight dollars.
- ❖ **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must reinvestigate the item(s) (usually within 30 days) unless your dispute is frivolous. The CRA must also supply you with written results of the investigation a copy of your report if it has changed. If an item is altered or deleted because you dispute it, the CRA cannot place it back in your file unless the source of the information verifies its accuracy and completeness, and the CRA provides you a written notice that includes the name, address and phone number of the source.
- ❖ **Inaccurate information must be deleted.** A CRA must remove inaccurate information from its files, usually within 30 days after you dispute its accuracy. The largest credit bureaus must notify other national CRAs if items are altered or deleted. However, the CRA is not required to remove data from your file that is accurate unless it is outdated or cannot be verified.
- ❖ **You can dispute inaccurate items with the source of the information.** If you tell anyone – such as a creditor who reports to a CRA – that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you have notified the source of the error in writing, they may not continue to report it if it is in fact an error.
- ❖ **Outdated information may not be reported.** In more cases, a CRA may not report negative information that is more than seven years old or ten years for bankruptcies.
- ❖ **Access to your file is limited.** A CRA may provide information about you only to those who have a need to be recognized by the FCRA – usually to consider an application you have submitted to a creditor, insurer, employer, landlord or other business.
- ❖ **Your consent is required for reports that are provided to employers or that contain medical information.** A CRA may not report to your employer, or prospective employer, about you without your written consent. A CRA may not divulge medical information about you without your permission.

❖ **You can stop a CRA from including you on lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free number for you to call and tell the CRA if you want your name and address excluded from future lists or offers. If you notify the CRA through the toll-free number, it must keep you off the lists for two years. If you request and complete the CRA form provided for this purpose, you can have your name and address removed indefinitely.

❖ **You may seek damages from violators.** You may sue a CRA or other party in state or federal court for violations of the FCRA. If you win, the defendant may have to pay damages and reimburse you for attorney fees. If you lose and the court specifically finds you sued in bad faith, you or your attorney may have to pay the defendant's fees.

You may have additional rights under state law. You may wish to contact state or local consumer protection agency or state attorney general to learn those rights.

If you have questions or believe your file contains errors, call our toll-free number. The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:

Credit Reporting Agencies, creditors and others not listed below

National banks, federal branches / agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)

Federal Reserve System member banks (except national banks and federal branches / agencies of foreign banks)

Savings Associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)

Federal Credit Unions (words "Federal Credit Union" appear in institution's name)

Banks that are state-chartered or are not Federal Reserve System members

Air, surface, or rail common carriers regulated by former Civil Aeronautics

Board or Interstate Commerce Commission activities subject of the Packers and Stockyards Act of 1921

PLEASE CONTACT:

Federal Trade Commission
Bureau of Consumer Protection-FCRA
Washington, DC 20580 *(202) 326-3761

Office of the Comptroller of the Currency
Compliance Management Mail Stop 6-6
Washington, DC 20219 *(800) 613-6743

Federal Reserve Board
Division of Consumer & Community Affairs
Washington, DC 20551 *(202) 452-3693

Office of Thrift Supervision
Consumer Programs
Washington, DC 20552 *(800) 842-6929

National Credit Union Administration
1775 Duke Street
Alexandria, VA 23314 *(703) 518-6360

Federal Deposit Insurance Corporation
Division of Compliance & Consumer Affairs
Washington, DC 20429 *(800) 934-FDIC

Department of Transportation
Office of Financial Management
Washington, DC 20590 *(202) 366-1306

Department of Agriculture
Office of Deputy Administrator – GIPSA
Washington, DC 20250 *(202) 720-7051