

EMPLOYMENT RECORD: List last three jobs with *most current listed first.***May we contact your present and past employers?** Yes No

| | | | |
|--|------------------------|------------------------|------------------------|
| Name of Company | 1. | 2. | 3. |
| Address | | | |
| Phone | | | |
| Supervisor's Name | | | |
| Your Job Title | | | |
| Summary of Job Duties and Responsibilities | | | |
| Dates of Employment | From: To: | From: To: | From: To: |
| Reason for Leaving | | | |
| Salary Information | Start: End: | Start: End: | Start: End: |

REFERENCES

| Name | Address | Business and Position | Phone |
|------|---------|-----------------------|-------|
| | | | |
| | | | |
| | | | |

TO BE COMPLETED FOR POSITIONS REQUIRING LICENSURE

| List Type of License/Certification | State | Expiration Date | Registration No. |
|------------------------------------|-------|-----------------|------------------|
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AGREEMENT (READ THOROUGHLY AND SIGN BELOW)

I HEREBY CERTIFY that the answers given by me to the above questions and statements are true and correct. It is understood and agreed that any misrepresentation, false statement or omissions by me in this Application will be sufficient reason for rejection of my application or for dismissal at any time during my employment, without liability to this Facility. I have read, understand and agree to the above statement. (Please initial here.)_____

I authorize Baldwin Area Medical Center to contact references, past or present employers, persons, schools, law enforcement agencies and any other sources of information which may be relevant to my application for employment. (Please initial here.)_____

I understand and agree that any offer of employment is dependent upon satisfactory completion of a pre-employment investigation which includes, but is not limited to, health screen, criminal history check, educational and work history verification, reference checks and any investigation required by local, state or federal laws. (Please initial here.)_____

I further understand that if I am hired, my employment will be for an indefinite period of time and will be 'at will', which means that either I or Baldwin Area Medical Center may terminate the employment relationship at any time and for any reason or no reason. No employment contract is created by virtue of my being hired by this Facility. Finally, I also understand that while Baldwin Area Medical Center supports current policies and benefits, it retains the right to change them at any time, with or without notice to me. I have read, understand and agree to the above statement. (Please initial here.)_____

My signature reflects that I have read, understood and have agreed to these terms and conditions.

Date: _____ Signature: _____

AFFIRMATIVE ACTION VOLUNTARY INFORMATION

(This form will be maintained separate from the employment application.)

Baldwin Area Medical Center, Inc. is an equal opportunity employer and considers all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data information. **Providing this information is strictly voluntary.** Failure to provide it will not subject you to any adverse personnel decision or action. Please be advised that this information is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations. Your cooperation is appreciated.

~ APPLICANT INFORMATION (PLEASE PRINT) ~

| | |
|--------------------------|------------------------------|
| DATE: | POSITION APPLIED FOR: |
| APPLICANT NAME: | SOCIAL SECURITY #: |
| DAY PHONE NUMBER: | |

| | | | |
|--|--|--|---|
| REFERRAL SOURCE: | | | |
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Agency | <input type="checkbox"/> BAMC Web Page | <input type="checkbox"/> College Recruiting |
| <input type="checkbox"/> Direct Mail | <input type="checkbox"/> Employee (Current/Former) | <input type="checkbox"/> Internet | <input type="checkbox"/> Job Fair |
| <input type="checkbox"/> Job Posting | <input type="checkbox"/> Job Service | <input type="checkbox"/> Phone Inquiry | <input type="checkbox"/> School |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Unsolicited | <input type="checkbox"/> Walk-in | |

| | | | |
|-----------------|--------------------------------------|--|--|
| GENDER: | <input type="checkbox"/> Female | <input type="checkbox"/> Male | |
| VETERAN: | <input type="checkbox"/> Non-Veteran | <input type="checkbox"/> Vietnam Era Veteran | <input type="checkbox"/> Other Veteran |

| |
|--|
| RACE/ETHNIC GROUP: |
| <input type="checkbox"/> Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. |
| If not Hispanic or Latino, please select one of the following: |
| <input type="checkbox"/> American Indian/Alaskan Native (Not Hispanic or Latino) – A person having origins in any of the original peoples of North or South America (including Central America), and who maintain identification through tribal affiliation or community attachment. |
| <input type="checkbox"/> Asian (Not Hispanic or Latino) – A person having origins in any of the peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. |
| <input type="checkbox"/> Black or African American (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa. |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands. |
| <input type="checkbox"/> White (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. |
| <input type="checkbox"/> Two or More Races (Not Hispanic or Latino) – All persons who identify with more than one of the above races. |
| <input type="checkbox"/> Other or Unknown – A person not included in one of the above groups, or of unknown ethnic group. |

Do you speak any language other than English? Yes No

If yes, please list other languages spoken (including sign language): _____