



An Equal Opportunity Employer
Application for Employment

I understand that this application will be given active consideration for 60 days. If I am not called for an interview or employed during this period, I understand it will be necessary to file a new application form to be eligible for further consideration.

APPLICANT INSTRUCTION

If you need help to fill out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please read “applicant note.”
2. Complete both sides of this form.
3. If more space is needed to complete any question, use comments section.
4. Print clearly; incomplete or illegible applications will not be processed.
5. Do not fill out any other attached forms until instructed.

PERSONAL INFORMATION

Today’s date: _____ Email: _____

Name: _____ Cell Phone: _____

Social Security number: _____

Home phone: _____

Work phone: _____

Current address: _____

Prior address: _____

Names/relationships of relatives employed by MRC:

Referred by: _____

APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating employment. All qualified applicants will receive consideration without discrimination because of religion, sex, marital status, race, age, creed, national origin or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills and for the presence of drugs in your body will be required prior to employment. If you receive an offer of employment, prior to reporting to work, you are required to submit to a medical review. You will be required to complete a medical history form and will be required to be examined by a medical professional designated by the hospital.

AVAILABILITY

Which position are you applying for? _____

Have you ever applied for a position with MRC? _____

If so, when? _____

What date can you start? _____

What category would you prefer? Full-time_____ Part-time_____ Contract_____ PRN_____

For which schedules are you available? _____

Can you after employment, submit verification of your legal right to work in the United States?

Salary expected: _____

EDUCATION

Please circle highest grade completed: 7 8 9 10 11 12 College 1 2 3 4 4+

High School _____
Name of School City/State Dates Attended Date Graduated

College _____
Name of School City/State Dates Attended Date Graduated

Other _____
Name of School City/State Dates Attended Date Graduated

Degree/Major: _____

Professional registration number: _____

SECURITY

List states and countries of residence for the past seven years:

Yes____ No ____ Have you used any names or Social Security numbers other than those on this page? If so, please list: _____

Yes____ No ____ Have you ever been convicted of a felony and/or served time? If so, describe below: _____

In accordance with hospital policy this information will be reviewed for job relatedness and time since last conviction.

JOB-RELATED SKILLS

Note: Do not fill out any part of this section you believe to not be job related.

Typewriter skills: _____wpm. Word processing skills: _____

Yes____ No____ If the job required, do you have the appropriate driver's license?

DL Number: _____ Type: _____ State of Issue: _____

Yes____ No____ Have you had any moving violations? Please describe: _____

Please list any skills, licenses or certificates that may be job-related or that you feel would be of value to this job : _____

EMPLOYMENT REFERENCES

Please complete every question in order for your application to be considered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are helpful.

Most Recent Employer Yes____ No____ Are you currently working for this employer?
Yes____ No____ If yes, may we contact your employer?

Company Name City State Phone Number

From To Job Title Supervisor Name

Duties_____

Salary per year, week or month (circle one) Reason for leaving

Second Most Recent Employer

Company Name City State Phone Number

From To Job Title Supervisor Name

Duties_____

Salary per year, week or month (circle one) Reason for leaving

Third Most Recent Employer

Company Name City State Phone Number

From To Job Title Supervisor Name

Duties_____

Salary per year, week or month (circle one) Reason for leaving

REFERENCES

Include only individuals familiar with your work ability. Do not include relatives or personal friends.

1. _____
Name Address/phone Years known/relationship

2. _____
Name Address/phone Years known/relationship

COMMENTS:

If necessary, include additional page.

CERTIFICATION AND RELEASE

I certified that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge. I understand that any false information, omissions or misrepresentation of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company, and/or its agents, including consumer reporting bureaus, to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment and I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

I also understand that under Mississippi law, my employment with MRC would be terminable at any time with or without cause at the will of either myself or MRC.

SIGNATURE

DATE

1350 E. Woodrow Wilson Drive
Jackson, MS 39216
(601) 981-2611

Human Resources Use Only:

Date interviewed: _____

Interviewer's initials: _____

Job description given: _____

Date of hire: _____

Position & Department: _____

Classification (FT, PT, PP, CT): _____

Salary: _____