

TOMBIGBEE HEALTHCARE AUTHORITY
Operating Bryan W. Whitfield Memorial Hospital

APPLICATION FOR EMPLOYMENT

NAME _____ SOCIAL SECURITY NO. _____
Last First Middle

ADDRESS _____ CITY/STATE _____ ZIP _____

TELEPHONE: (_____) _____ E-MAIL (optional) _____

POSITION APPLIED FOR _____ DATE _____

PERSONAL INFORMATION

Are you at least 18 years of age? (circle one) Yes No

Are you related to anyone in our employment? Yes No If yes, who and how? _____

Have you ever been convicted of (or pled guilty to) a felony? Yes No

If yes, when and where? _____ What charge? _____

Special skills you possess (office/computer equipment, typing, machinery, medical skills/equipment, etc.): _____

Which shifts would you be available to work? (circle all that apply) 7-3 3-11 11-7 8-5 Flexible/Rotating

Would you be willing to work (circle one): Full time only Part-time only Full-time or part-time

In case of Emergency, Notify:

Name	Address	Phone Number	Relationship
_____	_____	_____	_____

EDUCATION

Name of School (<i>include dates</i>)	Location	Did you graduate?	Degree/Major
High School _____	_____	_____	_____
College _____	_____	_____	_____
Other _____	_____	_____	_____
Other _____	_____	_____	_____

APPLICATION CONTINUED ON BACK SIDE

