



Christ Health Center
 5720 1st Avenue South, Birmingham, Alabama 35212
 (205) 380-9455 ~ Fax (205) 380-9459

Application for Employment

Date _____ Social Security # _____
 Name _____
 Address _____
 City _____ State _____ Zip _____
 Home Phone () _____
 Business Phone () _____

Type of Employment Applied For:
 Full Time _____ Part Time _____ Temporary _____
 Positions Applied For: Expected _____
 Salary: _____
 If part time, specify days and hours: Date available for Employment: _____

Have you ever applied before for employment with Christ Health Center? ___ Yes ___ No

If yes: Month and Year _____

Have you ever been known by any other name? ___ Yes ___ No

If yes, name and dates known by this name: _____

Have you ever been convicted by this name? ___ Yes ___ No

Have you ever been convicted of any criminal offense? ___ Yes ___ No

(Answering "Yes" does not automatically disqualify you from employment since the nature of the offense, the date of offense and type of jobs you are applying for will be considered.)

If yes, please explain on attached sheet of paper.

EDUCATION

Please List ALL Education Starting with Highest Year Completed. Use additional paper if necessary.

Name of School, University, or Institution, and Location	Did you Graduate?	Indicate Degrees, # of Credit Hours Earned, or Certificate Received	List College Major or Primary Course of Study

Special Training/Skills/Abilities:		Licenses and/or Certificates:	Expiration Date
Office Equipment You Trained In:		Professional and/or Other Job Related Affiliations:	
Typing Speed:	Word Processing Experience:		

Note: These persons may be asked to complete a reference form on your behalf, and may be asked to answer questions about your character, ability to perform the work applied for, and possible questions of a spiritual or church related nature.

PERSONAL REFERENCES

Your Pastor	Name
Your Church	Occupation
Church Address	Address
City, State, Zip	City, State, Zip
Phone: Home () Office ()	Phone: Home () Office ()
Name	Name
Occupation	Occupation
Address	Address
City, State, Zip	City, State, Zip
Phone: Home () Office ()	Phone: Home () Office ()

VOLUNTEER WORK

Name of Organization	Name of Organization
Address	Address
City, State, Zip	City, State, Zip
Phone ()	Phone ()
Supervisor	Supervisor

PRESENT/LAST EMPLOYER

Employer:	Jobs, Duties Performed:
Address:	
City, State, Zip:	
Phone ()	Reason for Leaving:
Full Time: Part Time:	
Starting Salary: Final/Present Salary:	
Job Title: Supervisor:	May We Contact This Employer?
Dates of Employment From: To:	

PREVIOUS EMPLOYER

Employer:	Jobs, Duties Performed:
Address:	
City, State, Zip:	
Phone ()	Reason for Leaving:
Full Time: Part Time:	
Starting Salary: Final/Present Salary:	
Job Title: Supervisor:	May We Contact This Employer?
Dates of Employment From: To:	

Previous Employer

Employer:	Jobs, Duties Performed:
Address:	
City, State, Zip:	
Phone ()	Reason for Leaving:
Full Time: Part Time:	
Starting Salary: Final/Present Salary:	
Job Title: Supervisor:	May We Contact This Employer?
Dates of Employment From: To:	

Military Service

Were you in the U.S. Armed Forces? Yes _____ No _____
 Branch _____ Date of Service: From _____ To _____ Final Rank _____
 Describe Special Training You Received:

Are you presently a member of the Reserve or National Guard? Yes _____ No _____
 Were you honorably discharged? Yes _____ No _____

Agreement

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of the information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either the employer or I can terminate the relationship at will, with or without cause, at any times, as long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual because of that persons need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed that a criminal back ground check and a professional license and education verification will be performed.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time may result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Signature: _____ **Date:** _____

Mission Statement

We demonstrate the love and power of Jesus Christ by providing excellent, affordable healthcare and participating in community development.

Values

Holistic Health – Health is a state of complete physical, mental, social, and spiritual well-being and not merely the absence of disease or infirmity. At all times, we are focused on the building of health, not just the delivery of healthcare.

Quality Services - We provide high quality medical, dental, and pharmacy care that is appropriate for the physical, mental, and spiritual needs of our patients. In all of our endeavors, we meet or exceed national and industry standards.

Patient Centered - Our patients have a valued voice in the development of systems that affect their health.

Sustainable Development - Efforts that come and go only feed a culture of distrust. Though we will likely have a long-term need for charitable contributions, it is our goal to be as independent of these as possible.

Financial Responsibility - We maintain our finances according to rigorous budgeting and reporting with integrity and transparency, including annual third party audits.

Strategic Partnerships – Working with other community organizations increases everyone’s success while most efficiently allocating resources. Our focus is healthcare delivery, but we also partner with those in the arenas of housing, education, recreation, public safety and economic development.

Reproducibility – Many neighborhoods in the Birmingham area are in need. As we grow our model and assist like-minded individuals, it is difficult to imagine what good might come.

Indigenous Leadership – True transformation comes when underserved communities are empowered to effectively labor for the development of their own community.

Local Churches – God has both ordained and equipped the local church to meet society’s needs. We assist the local church in doing this.

Christian Unity – Efforts are made to coordinate ministry activity within the community and to reconnect underserved areas to greater Birmingham.

Each applicant is required to review and acknowledge his or her understanding of Christ Health Center’s Mission Statement and Core Values, and to recognize that these statements are integral to the successful work of Christ Health Center as a ministry. Christ Health Center seeks to employ individuals who are committed Christians and have a desire to work within Christian ministry.

In the space provided below, we would appreciate you addressing your own faith and why you are interested in working for a faith-based organization. (Please attach a separate piece of paper if needed)
