



RMC
Regional Medical Center
Anniston

Auxiliary

Application

Vickie Simmons

Director

P.O. Box 2208

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Office 256-235-5147

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Volunteer Services Application

DATE _____



NAME first _____ MI _____ last _____

HOME ADDRESS street _____
city _____, zip _____

MAILING ADDRESS street _____
city _____, zip _____

HOME PHONE _____ CELL PHONE _____

EMAIL ADDRESS _____

OCCUPATION _____

EMPLOYER (if applicable) _____

CONTACT _____

EMPLOYER ADDRESS _____

EMPLOYER PHONE _____

AREA OF INTEREST:

REFFERAL SOURCE: _____

PREVIOUS WORK EXPERIENCE _____

TALENTS _____

EDUCATION or SPECIALIZED SKILLS _____

IN CASE OF EMERGENCY Contact _____
Phone _____

PERSONAL REFERENCES:

1 _____ Phone _____

2 _____ Phone _____

I understand that membership in the Auxiliary shall be open to all persons regardless of race, color, creed or sex and being the age of adulthood. Candidates should desire a long term commitment as opposed to a summer or holiday activity and shall not be seeking membership as a means of being employed. Given the nature of a hospital setting and the many governing bodies, laws, regulations, and other requirements that must be adhered to by all associated, the candidate must be of aptitude or ability to read and comprehend information pertinent to their assignment and other hospital wide requirements. In addition, they must portray a professional appearance while exercising reason and sound judgment.

SIGNATURE _____

DATE _____

Remit: [Vickie Simmons, P.O. Box 2208, Anniston, AL 36202](mailto:vsimmons@rmccares.org) 256-235-5147 vsimmons@rmccares.org

Employment Information Services, Inc.
Disclosure & Consent Release (Contingency Job-Offer)

Northeast Regional Medical Center may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may include employment history and reference checks, criminal and civil litigation history information, motor vehicle records ("driving records"), sex offender status, credit reports, education verification, professional licensure, drug testing, Social Security verification, and information concerning workers compensation claims (only once a conditional offer of employment has been made). Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. You have the right, upon written request made within a reasonable time after receipt of this notice, to request whether a consumer report has been run about you, and the nature and scope of any investigative consumer report. and request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by **Employment Screening Services, 2500 Southlake Park, Birmingham, AL 35244, toll-free 866.859.0143** or another outside organization. The scope of this notice and authorization is all-encompassing; however, allowing Northeast Regional Medical Center to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

ACKNOWLEDGEMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorized the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorized, without reservation, any law enforcement agency, administration, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **ESS**, another outside organization acting on behalf of **Northeast Regional Medical Center** I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Applicant Signature

Date Signed

Last Name

First Name

Middle Name/Initial

Maiden Name or Other Names Used

Current Home Address

City

State

Zip

List Cities and States Lived in during past Seven (7) years (Use additional pages if necessary)

List Cities and States Lived in during past Seven (7) years (Use additional pages if necessary)

Date of Birth

Social Security Number

Professional License # & State

Driver's License Number

State License Issued

EMPLOYER COMPLETE THE FOLLOWING

Services Requested

Return Results by:
Verbal & Fax

Employment Verification

License Verification

Motor Vehicle Report

Social Security Trace

Criminal History (list state, county & city)

OIG Search

High School Diploma/GED – attach copy if available

Sex Offender

Professional Licensure

State

County

City

Recruiter Name

Northeast Alabama Regional Medical Center

(256) 235-5117

Fax Number

(256) 235-5218

Phone Number

IN WITNESS WHEREOF, I have hereunto set my hand and affix my official seal on this _____ day of _____, _____

Notary Public