

St. Vincent's – Jeremiah's Hope Academy Application

2800 University Blvd. Ste. 101, Birmingham, AL 35233
Telephone: (205) 939-7233 FAX: (205) 930-2920



Applicants must be at least 18 years old; have a high school diploma or a GED; and be able to read, write and understand English. A good work history is desired. Successful completion of this training does not guarantee a graduate a job. Applicants with incomplete applications will not be considered for training. A \$20.00 application fee is due at the time this application is submitted to JH Academy.

Forms to be completed:

- Application
- Investigation Consent Form
- Health Assessment Consent Form

PLEASE SPECIFY PROGRAM FOR WHICH YOU ARE APPLYING:

- Patient Care Assistant Clinical Medical Assistant Phlebotomist
- Sterile Processing Technician Medical Office Assistant Mental Health Technician

Check here if you need Financial Assistance:

*** All applicants are encouraged to complete the scholarship application. No Cash Awards are given.**

Today's Date: _____

Full Name:

(Name as on SSN card) _____ (Last) _____ (First) _____ (MI)

Mailing Address:

(Street Address) _____ (Apartment or Lot Number)

(City) _____ (State) _____ (ZIP)

Email Address: _____

Phone Numbers:

Include Area Code _____ (Home) _____ (Cell) _____ (Work)

I identify as: _____ Male _____ Female

Birth Date: _____
(Month/Date/Year)

Emergency Contact: _____
(Name) _____ (Relationship to You)

Phone Numbers:

Include Area Code _____ (Home) _____ (Cell) _____ (Work)

TELL US ABOUT YOUR EDUCATION AND TRAINING.

School	Name State	City	Dates Attended	Did you Graduate?	Diploma/Degree Received	Courses or Major
High School				Yes No		
Vocational, Technical				Yes No		
College/ University				Yes No		
Other Including GED, CNA, etc.				Yes No		

Any Previous Healthcare Training: _____

HAVE YOU EVER APPLIED TO JEREMIAH'S HOPE BEFORE? YES NO If yes, when _____

HOW DID YOU HEAR ABOUT JEREMIAH'S HOPE ACADEMY?

- Current/former student Hospital/Nursing Home staff Word of Mouth
 Advertising Church Community Organization
- Other (please specify) _____

TELL US ABOUT YOUR CLERICAL SKILLS.

- I can type _____ WPM I can operate a copier I know Excel
 I know Word or Word Perfect I can use Power Point I cannot use a computer

TELL US ABOUT YOUR CURRENT AND/OR PREVIOUS JOBS. Begin with the most recent.

Employer's Name: _____			
Did you work:	<input type="checkbox"/> full time	<input type="checkbox"/> part-time	<input type="checkbox"/> seasonal <input type="checkbox"/> work-study
Address:	_____		
	(Street Address)		
	_____	_____	_____
	(City)	(State)	(ZIP)
Supervisor's Name:	_____	Phone Number:	_____
Job Title:	_____	Date Started:	_____
		(month/day/year)	(month/day/year)
Reason for Leaving:	_____		

Employer's Name: _____			
Did you work:	<input type="checkbox"/> full time	<input type="checkbox"/> part-time	<input type="checkbox"/> seasonal <input type="checkbox"/> work-study
Address:	_____		
	(Street Address)		
	_____	_____	_____
	(City)	(State)	(ZIP)
Supervisor's Name:	_____	Phone Number:	_____
Job Title:	_____	Date Started:	_____
		(month/day/year)	(month/day/year)
Reason for Leaving:	_____		

Employer's Name: _____			
Did you work:	<input type="checkbox"/> full time	<input type="checkbox"/> part-time	<input type="checkbox"/> seasonal <input type="checkbox"/> work-study
Address:	_____		
	(Street Address)		
	_____	_____	_____
	(City)	(State)	(ZIP)
Supervisor's Name:	_____	Phone Number:	_____
Job Title:	_____	Date Started:	_____
		(month/day/year)	(month/day/year)
Reason for Leaving:	_____		

IMPORTANT ADDITIONAL INFORMATION

I [] *have* [] *have not* ever been convicted of a crime *other than* a routine traffic ticket. (If you have been to court, been arrested, or aren't sure complete the information below.)

Type of offense _____ Date of Conviction _____
Where were you convicted? (city and state) _____

Type of offense _____ Date of Conviction _____
Where were you convicted? (city and state) _____

*Note to applicant: We will conduct a thorough background investigation. Arrests and convictions will show up on your record for years. **Not telling the truth will reflect negatively on admittance.***

WE WANT TO KNOW ABOUT YOU. PLEASE CHECK ALL THAT APPLY TO YOU.

- I am not sure what I want to do with my life.
- I have always wanted to work in healthcare.
- I am just looking for a job.
- I have applied to college and plan to start class.
Where? _____
When? _____
Studying what? _____
- I have attended college but am not in class now.
Why did you stop taking classes?

- I would like to go to college.
Where? _____
When? _____
To study what? _____
- I am available to attend class Monday – Friday from 8:00 AM – 4:30 PM and participate in clinicals that may require transportation off site.
- I am currently a hospital employee.
I work at: _____
I am a: _____
- I have worked in healthcare before.
Where? _____
Doing what? _____
- I am at least 18.
- I have my high school diploma or a GED.
- I am legally eligible for employment in the U.S.
- I have given care to someone who was sick.
Please tell us more about what your caregiving experience:

CERTIFICATION

I certify that the information given in this application is true and correct. I understand that any false information, willful or negligent misrepresentation, or failure to disclose any requested information will prevent my application from being considered for the Academy. I further understand that Jeremiah's Hope will perform an investigation to determine my suitability for admission and I authorize Jeremiah's Hope to secure the information necessary to make a decision. I acknowledge by my signature that I have read and understand these statements.

I also authorize any employer past or present listed on my application, resume or divulged in the interview process to release to Jeremiah's Hope any information as may be requested for the purpose of evaluating me for the Academy and possible future employment. I understand that this signed form may be photocopied to accommodate multiple references.

Signature: _____ Date: _____

It is the policy of Jeremiah's Hope Academy to provide equal opportunities without regard to race, color, sex, age, religion, national origin, or disability.

Jeremiah's Hope Academy Background Check Release Form

I. I _____ (student name) understand that in conjunction with my application for employment an investigative report may be generated on me that may include information as to my character, work habits, performance and experience, along with reasons for termination of past employment, financial/credit history, criminal history records from any criminal justice agency in any or all federal, state, city and county jurisdictions, state Department of Motor Vehicle/Drivers' License Records to include traffic citations and registration, military records from the National Personnel Record Center, education records including transcripts, and requests for records and information from any individual, company, firm corporation, present and/or past employers and public agencies (including the Social Security Administration and the Immigration & Naturalization Service).

Please initial:

II. ___ I fully understand that JH Academy and /or their agent Evolution Consulting LLC, may be requesting information from public and private sources about any of the information noted earlier in this paragraph, and I freely give my consent for JH Academy and Evolution Consulting LLC. to do so.

III. ___ I agree that a photocopy or telephonic facsimile of this authorization shall be valid as the original. with the same authority as the original and I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request.

IV. ___ I hereby authorize, without reservation, any one contacted by JH Academy and /or their agent Evolution Consulting LLC., to furnish the information described in Section 1.

V. ___ I hereby authorize, without reservation, JH Academy and / or their agent, Evolution Consulting LLC, to contact my former employer/employers for employment verification/references.

VI. ___ I hereby release JH Academy, Evolution Consulting LLC, its agents and all persons, agencies and entities providing information or reports about me from any liability arising out of the request for or release of any of the above mentioned information or reports. This disclosure further serves as a request that any present or former employer, police department, educational or financial institution or other person having personal knowledge about me to furnish Evolution Consulting LLC and its affiliates or representative any and all information in their possession regarding me in connection with my application for employment.

APPLICANT: COMPLETE THE FOLLOWING:

Signed Today's Date Print Name (As it appears on your Drivers License)

_____-_____-_____- ____/____/_____- _____ _____
Social Security Number Date of Birth Drivers License Number State

Current Address _____ City _____ State _____ Zip _____

Other names you have used or are also known as: _____

NOTICE TO APPLICANT:
SIGN EITHER THE CONSENT OR REFUSAL BELOW BUT *NOT* BOTH

**CONSENT for Pre-Training Health Assessment and
Authorization for Observed Drug Screen**

I, (print full name) _____, having been informed that Jeremiah's Hope Skills Academy requires a pre-training health assessment of all applicants considered for their program, do voluntarily agree to undergo such health assessment including an **observed** drug detection exam (to include but *not limited* to amphetamines, barbiturates, benzodiazepines, cannabinoids, cocaine, methadone, methaqualone, opiates, phencyclidine) as part of this process.

I authorize the release of any information or data obtained during this examination to Jeremiah's Hope Academy and understand it will be released only on a need-to-know basis.

I understand that at any time during the assessment I may choose to terminate it and leave the room without further delay. I understand my decision to do so will disqualify me from admission to Jeremiah's Hope.

I understand that once I have made an appointment with St. Vincent's Hospital Occupational Health Clinic for my assessment and observed drug screen that failure to keep the appointment may disqualify me from any training program. Once I have made my appointment I will do everything within my power to keep that appointment and not reschedule it. If I absolutely cannot keep my appointment because of an **emergency** I will call Occupational Health before the scheduled appointment time. I understand I may or may not be allowed to reschedule my health assessment and observed drug screen in time to begin a training class.

By signing this authorization, I agree to release and hold harmless Jeremiah's Hope, St. Vincent's Hospital, and its employees and agents from any liability, its results, or admission decision based thereon.

Signature: _____ **Date:** _____

Day Phone: _____ **Last four digits of SSN:** _____

Witnessed by: _____

**REFUSAL for Pre-Training Health Assessment and
Authorization for Observed Drug Screen**

For my own personal reasons, I, (print full name) _____, refuse to take this pre-training health assessment which includes an observed drug screen. I understand that such refusal disqualifies me from further consideration by Jeremiah's Hope at this time, but that I may reapply after one full year.

Signature: _____ **Date:** _____

Witnessed by: _____

Jeremiah's Hope Academy

Rights and Responsibilities of Students Requesting Accommodation

It is the policy of Jeremiah's Hope Academy to provide equal opportunities without regard to race, color, sex, age, religion, national origin, or disability.

The Academy is a small, private, licensed, postsecondary school that provides training for entry level health care careers. It is owned and operated by St. Vincent's Birmingham, located on the hospital campus, included within the operation of the hospital, and is part of the Community Service and Outreach Department.

Each applicant to the Academy must be capable of fulfilling the requirements of the job in the specific health career program for which they are making application.

Applicants accepted into the Academy who require accommodation, must make that request known in writing to the Academy in advance of the enrollment and registration date for the term to which they have been accepted. These dates are published in advance, and are provided in the application process and on the Academy website. Accommodation services will be provided unless doing so would result in a fundamental alteration of the program or would result in undue financial or administrative burdens.

Documentation should be completed and signed by a professional familiar with the applicant and the applicant's disability (i.e. physician, psychologist, rehabilitation counselor, etc.), and should include:

- Verification of the specific disability, and current diagnosis/evaluation status
- Specific description of the suggested appropriate accommodations
- A Release of Information (ROI) document, signed by the applicant, for the professional and the Academy to share relevant diagnosis and accommodation information. The ROI must have a specific start and stop date included
- Contact information for the professional submitting the documentation

All documents must be received directly from the professional completing them in the Academy Office either by USPS, Fax (205-930-2920) or scanned copies may be received directly from the professional email address. The student must request the current JHA email address to which the scanned documents are to be emailed, and provide that to the professional.

Due to HIPAA regulations, patient care standards and conflicts with specific Information and Technology programs utilized by the St. Vincent's Health System, all equipment, software and other items used for accommodation that might interface with the system technology must be evaluated/approved for compatibility and security by the Ascension Information System (AIS) and the clinical department manager. Equipment used to accommodate may not be permitted in sterilizing, surgical or direct patient care areas due to infection control standards or other logistical restraints. Making accommodation requests early in the process will be helpful to the applicant/student.

Helpful information for applicants/students may be found at: <http://www2.ed.gov/about/offices/list/ocr/transition.html> . For more information regarding the Academy policy and procedure, please call the Academy at 205-939-7233 to speak to the Director.

Jeremiah's Hope Academy
2800 University Boulevard
Suite 101
Birmingham, AL 35233

JH Academy Application Checklist

This checklist is for the applicant to use to assure all steps have been completed. You do not need to submit this form with your application.

Refer to the Academy Calendar on www.jhacademy.org or call the JHA office for deadline dates as required. Be sure to include the following when you are completing your application for Jeremiah's Hope Academy:

- Application**
- Background Consent Form**
- Health Assessment Consent Form**
- Copy of High School Diploma/GED certificate**
- Copy of Driver's License and Social Security Card (we will copy at interview)**
- \$20.00 non refundable application fee (cash, cashier's check, money order, and major credit/debit cards)**

You may fax attachments to: 930-2920

You may also mail or deliver in person to:

**Jeremiah's Hope Academy
2800 University Blvd. Suite 101
Birmingham, AL 35233
205-939-7233**

****When submitting by mail, make payment with money order or cashier's check.
Please do not send cash payment through the mail.***