



**2629 B EAST BLVD**  
Montgomery, Alabama 36117  
334.647.1183 Office  
334.593.1885 Fax  
Email: jeshealthservices@outlook.com

**2608 Artie St SW Unit 4**  
Huntsville, Alabama 35805  
256-945-7863 Office  
334-593-1885 Fax

## School Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ **Scrub Size:** \_\_\_\_\_

Class Applied for: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

### Professional References

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

Military Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*How did you hear about us?** \_\_\_\_\_

**Jes Health Services, LLC  
Class Schedule**

**Dual Phlebotomy and Lab Assistant (\$890.00 Tuition) Deposit \$200.00**

_____	Mon & Wed	10:00 am – 12:30 pm
_____	Tues & Thurs	6:30 pm – 8:30 pm

**Trio Clinical Medical Assistant, EKG Tech, and Phlebotomy (\$2060 Tuition) Deposit \$550**

_____	Mon, Tue, Wed, Thurs	6:00am – 8:00 am
	Mon, Tue, Wed, Thurs	6:30pm – 8:30 pm

**Clinical Medical Assistant – (\$1300 Tuition) Deposit \$300) 7 Weeks**

_____	Mon, Tue, Wed, Thurs	6:00am – 8:00 am
_____	Mon, Tue, Wed, Thurs	6:30pm – 8:30 pm

**Billing and Coding Specialist (\$801 Tuition) Deposit \$150)**

_____	Saturday (ONLINE) 9:00am-1:00pm
_____	Mon & Wed (ONLINE) (Nights) 6:30 pm – 8:30 pm

**Pharmacy Technician - (\$1650 Tuition) Deposit \$450.00)**

_____	Tues & Thurs (Days) 9:00 am – 11:00 am
_____	Tues & Thurs (Nights) 6:00 pm – 8:00 pm

**Dual Patient Care Tech, EKG Tech, and Phlebotomy - \$2060 Tuition) Deposit \$550.00)**

\_\_\_\_\_ Mon & Wed 4:00PM-6:00PM

**Patient Care – (\$650.00 Tuition) (Deposit 150.00)**

\_\_\_\_\_ Mon & Wed 4:00PM-6:00PM

**ER Tech (\$650 Tuition) Deposit \$150)**

\_\_\_\_\_ Mon & Wed 6:30 pm – 8:30 pm

**DAY CLASSES COMING SOON!**

**Physical Therapy Aide (\$750) Deposit \$150.00)**

\_\_\_\_\_ Tue & Thurs 6:30 pm – 8:30 pm

**DAY CLASSES COMING SOON!**

**Dental Assistant (\$1570) Deposit \$450**

\_\_\_\_\_ Online Only

**Instrument and Sterile Processing Tech (\$2500) Deposit \$400**

\_\_\_\_\_ Tues & Thurs 6:30pm -8:30pm

**DAY CLASSES COMING SOON!**

**Fitness & Nutrition Specialist (\$650.00) Deposit \$150.00**

\_\_\_\_\_ Online Lecture (Hands-on)

**Operating Room/Surgical Tech (\$1500) Deposit \$400**

\_\_\_\_\_ Mon & Wed 6:30pm-8:30pm

**MISCELLANEOUS INFORMATION**

**1. Have you ever been convicted of any crime other than a minor traffic violation?**

**(Check one) Yes No**

**If yes, list offenses:**

**Date of conviction:**

**Note: An answer of yes to either of the above questions does not necessarily disqualify you for employment with JES Health Services, LLC**

**2. Are you a citizen or otherwise authorized to work in the U.S.? Yes No**

**3. Are you afflicted with any Allied Healthcare Training Center? If so, please give a explanation of joining Jes Health Services. (Note we have the right to deny Services)**

**4. Would you like Information on earning up to \$ 100 a month while attending Jes Health Services? (Check one) Yes No IF yes please list your Snap Benefit Case number.**

**Case number** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**CERTIFICATION OF APPLICANT**

**The information given in this application is given of my own free will and accord and is true and correct to the best of my knowledge and belief. This is my express permission for JES Health Services, LLC to investigate my background, experience, qualifications, etc. I fully understand that, as a condition of my employment, I will be required to take a physical examination and the interpretation of the results of such examination shall be made by Jes Health Services, LLC, in accordance with the Rehabilitation Act of 1973. I fully understand that the personal and family medical record form will be kept confidential, except to the extent that disclosure may be required in order to comply with the Rehabilitation Act of 1973 or ensure my safety or that of other employees, and false statement hereon, or any withholding of requested information will be sufficient cause for rejection or termination. I further understand and agree that, if employed, my employment will be for an indefinite duration and that my employment may be terminated, with or without cause, at any time at the will of either myself or the hospital. I further understand that this status can only be altered by a written contract of employment which is specific as to all material terms and is signed by both me and an administrator of JES Health Services, LLC**

**Signature of Applicant** \_\_\_\_\_



Date: \_\_\_\_\_

### **Job Placement Disclaimer:**

We at Jes Health services will only provide training services for employment and **not** provide Job Placement to other facilities.

We at Jes Health will provide a web service link which carries job advertisement and resume content independently published by third parties on the website. We are not involved in the recruitment process and must not be a recruitment agency and/or employer with respect to the website. We will not be responsible for any user entering into any agreement or making any decisions of whatever nature in connection with the posting of jobs, resumes and/or the contents thereof and/or any other information obtained on website.

We collect and use the information to operate our website and to deliver the services you have requested. We will also use your personally identifiable information to inform you of other products or services available from our network and our affiliates. We may also contact you via surveys to conduct research about your opinion of our current services or of potential new services that may be offered.

I, \_\_\_\_\_, hereby states that I have read the about disclaimer and understand that Jes Health Services does not provide Job Placement.

## Jes' Health Services Dress Code Policy:

This policy will always be strictly enforced by the director and instructors. Failure to not adhere to this policy will place you in danger of being asked to leave the site without further discussion or notice. If you are asked to leave the site, because you failed to adhere to the dress code policy, you will need to talk with your director and instructor before continuing your clinical/externship program.

Full uniform (scrub top, scrub pants, and/or lab coat) **WRINKLE FREE!!!**

Hair not allowed on the collar (**LOUD HAIR COLOR NOT ALLOWED!!!!**)

1. No facial piercings or noticeable tattoos
2. No false or lengthy nails
3. If your uniform is too big for you, it is your responsibility to make necessary adjustments to it before entering site.
4. Name badges must be worn at all times above your waist
5. You must have a watch with a second-hand **CCMA ONLY!!!**
6. (**NO SMART WATCHES ALLOWED!!!!**)
7. If you have a cell phone, it must be on **SILENT AT ALL TIMES!!!**

By signing this policy, you understand and agree to the Jes' Health Services Site Dress Code Policy.

Student's signature \_\_\_\_\_ Date \_\_\_\_\_



**All students must have the following:**

**\*\*\*\* DUAL PHLEBOTOMY STUDENTS WILL NEED\*\*\*\***

1. (2) Forms of Identification
2. High School Diploma, Unofficial Transcript, or GED
3. TB Skin Test

**\*\*\*\* TRIO CERTIFIED CLINICAL MEDICAL ASSISTANT STUDENTS WILL NEED \*\*\*\***

1. (2) Forms of Identification
2. High School Diploma, Unofficial Transcript, or GED
3. TB Skin Test –
4. Drug screening Provided - call office to make appointment.
5. Immunization Record – (call your local Health Department or High School)

**\*\*\*\*PHARMACY STUDENTS WILL NEED\*\*\*\***

1. 2) Forms of Identification
2. High School Diploma, Unofficial Transcript, or GED
- 3.. Drug screening Provided - call office make appointment.
4. Immunization Record – (call your local Health Department or High School)

**\*\*\*\* BILLING & CODING STUDENT WILL NEED\*\*\*\***

1. (2) Form of Identification
2. High School Diploma, Unofficial Transcript, or GED
3. ICD-10 Manual – The Official Complete Version – Purchased by Student

**\*\*\*\*PATIENT CARE TECHNICAN STUDENTS WILL NEED\*\*\*\***

1. (2) Forms of Identification
2. High School Diploma, Unofficial Transcript, or GED
3. TB Skin Test
4. Immunization Record – (call your local Health Department or High School)

**\*\*\*\*DENTAL STUDENTS STUDENTS WILL NEED\*\*\*\***

1. (2) Forms of Identification
2. High School Diploma, Unofficial Transcript, or GED
3. TB Skin Test





## Agreement Dispute

I \_\_\_\_\_ Agree to "Not" Dispute any FALSE Dispute charges that will be made to Jes Health Services. I understand if this happens legal actions will be brought against me. I understand if there should be any charges that's made by Jes Health Services I have given Jes Health Services permission to process my Debit/Credit card payment.