

PROMOTIONAL BID AND TRANSFER FORM

THE JOHNS HOPKINS HEALTH SYSTEM CORPORATION
THE JOHNS HOPKINS HOSPITAL

DATE RECEIVED	REQUISITION #
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COMPLETE A SEPARATE FORM FOR EACH POSITION FOR WHICH YOU WISH TO APPLY. PLEASE PRINT OR TYPE, AND COMPLETE ALL SECTIONS. DELIVER THE COMPLETED BID TO CAREER SERVICES. KEEP THE TOP COPY FOR YOUR RECORDS.

CURRENT EMPLOYEE INFORMATION	NAME	ORIGINAL HIRE DATE	SOCIAL SECURITY NUMBER	HOME PHONE NUMBER
	DEPARTMENT	WORK ADDRESS		WORK PHONE NUMBER
	E-MAIL ADDRESS			
POSITION APPLIED FOR	POSITION #		POSITION TITLE	
	DEPARTMENT			

PLEASE LIST ALL OF YOUR SKILLS, TRAINING, AND EXPERIENCE PER JOB POSTING REQUIREMENTS. IF YOU HAVE A CURRENT RESUME, PLEASE ATTACH A COPY.

PLEASE LIST THE LAST THREE (3) JOBS HELD AT JHH OR JHHS. BEGIN WITH THE CURRENT POSITION.

JOB TITLE	DEPARTMENT	START DATE	END DATES

PLEASE LIST HIGHEST EDUCATION COMPLETED.

SCHOOL	MAJOR	DATES ATTENDED	DEGREE/DIPLOMA

SIGNATURE AND DATE (NOTE: INCOMPLETE BIDS WILL BE RETURNED)

SIGNED: _____ DATE: _____

IT IS PROFESSIONAL COURTESY TO INFORM YOUR CURRENT SUPERVISOR/MANAGER THAT YOU ARE BIDDING. YOUR CURRENT SUPERVISOR MAY BE CONTACTED FOR A REFERENCE.

DISPOSITION OF BID				
PLEASE CIRCLE				
1. BID IS ACCEPTED. EMPLOYEE WILL BE TRANSFERRED/PROMOTED EFFECTIVE _____ AT A PAY RATE OF _____				
2. POSITION IS BEING OFFERED TO A MORE QUALIFIED CANDIDATE.				
3. EMPLOYEE DOES NOT MEET QUALIFICATIONS (PLEASE CIRCLE REASON):				
EDUCATION	EXPERIENCE	SPECIAL SKILLS	WORK HISTORY	ACTIVE DISCIPLINE
OTHER (SPECIFY) _____				
4. OTHER (SPECIFY) _____				
COMPLETED BY: _____				
NAME	DEPARTMENT	DATE		