



More Than Just Healthcare

Allen Parish Hospital's Application for Employment

PLEASE PRINT

Date of application ____/____/____

Name _____ Social Security # _____
Last First Middle

Address _____
Street City State Zip Code

Mailing _____
Mailing Address City State Zip Code

Telephone # (____) _____ Mobile/Other Phone# (____) _____

Referral Source (Please check the appropriate category and name the source.)

- | | |
|--|---|
| <input type="checkbox"/> Walk-in _____ | <input type="checkbox"/> Employee _____ |
| <input type="checkbox"/> Advertisement _____ | <input type="checkbox"/> Company's Web Site _____ |
| <input type="checkbox"/> Internet _____ | <input type="checkbox"/> School _____ |
| <input type="checkbox"/> Staffing Agency _____ | <input type="checkbox"/> Other _____ |

If necessary, best time to call you at home is.... _____ AM / PM

Have you ever been employed here before? YES / NO If yes, give dates From ____/____/____ To ____/____/____

Do you have any friends or relatives working for us? _____

Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? YES NO
If yes, please provide date (s) and details _____

Have you ever been fired or asked to resign from a job? YES NO
If yes, explain and give dates: _____

Placement Information

1 Position Applied For: _____

2 Position Applied For: _____

What is your desired salary range or hourly rate of pay? \$ _____ Per _____

Positions Applied For Full-time (32–40 Hours) Part-time (1–31 Hours) PRN (as needed)

Will you work overtime, weekends, or holidays if required? YES / NO

If no please explain _____

Type of work schedule interested in (check all that apply)

Days Evenings Nights Weekends Pool

Are you legally eligible for employment in the country? YES / NO

Date Available for work ____/____/____

Education

HIGH SCHOOL: _____

Grade Completed 9 10 11 12

Graduated Yes No

Year _____

Type of Diploma or Degree _____

Major and Minor Fields of Study _____

COLLEGE: _____

Grade Completed 1 2 3 4

Graduated Yes No

Year _____

Type of Diploma or Degree _____

Major and Minor Fields of Study _____

GRADUATE SCHOOL: _____

Grade Completed 1 2 3 4

Graduated Yes No

Year _____

Type of Diploma or Degree _____

Major and Minor Fields of Study _____

VOCATIONAL/OTHER _____

Grade Completed 1 2 3 4

Graduated Yes No

Year _____

Type of Diploma or Degree _____

Major and Minor Fields of Study _____

Certifications/Licenses

Only required if applying for a position that requires licensure or certifications.

Type: _____ Type: _____

License Number: _____ License Number: _____

State of Issue: _____ State of Issue: _____

Date Issued: _____ Date Issued: _____

Expiration Date: _____ Expiration Date: _____

Type: _____ Type: _____

License Number: _____ License Number: _____

State of Issue: _____ State of Issue: _____

Date Issued: _____ Date Issued: _____

Expiration Date: _____ Expiration Date: _____

If you are licensed, has your license ever been suspended or revoked or are you currently involved in any proceeding that could affect your license or certification?YES NO

If yes, please give date, location, and disposition of your case _____

Skills and Qualifications

Check each item in which you have training:

Typing wpm _____

E-mail

Transcribing

Internet

Microsoft Word

Other _____

Excel

Other _____

Please use the space below for any additional information necessary to describe your full qualifications (specialty areas such as ICU, OB/GYN special equipment, computer software programs).

Do you speak, read, or write in any language other than English? YES NO

If yes, please describe _____

Employment History

Current Employer _____

Phone: _____

Dates (Month/Year): From ___/___/___ To ___/___/___

Address: _____

Base Earnings: _____

City/State/Zip _____

May we contact for reference? **YES** **NO**

Supervisor: _____

Reason for leaving: _____

Duties: _____

Previous Employer _____

Phone: _____

Dates (Month/Year): From ___/___/___ To ___/___/___

Address: _____

Base Earnings: _____

City/State/Zip _____

May we contact for reference? **YES** **NO**

Supervisor: _____

Reason for leaving: _____

Duties: _____

Previous Employer _____

Phone: _____

Dates (Month/Year): From ___/___/___ To ___/___/___

Address: _____

Base Earnings: _____

City/State/Zip _____

May we contact for reference? **YES** **NO**

Supervisor: _____

Reason for leaving: _____

Duties: _____

Previous Employer _____

Phone: _____

Dates (Month/Year): From ___/___/___ To ___/___/___

Address: _____

Base Earnings: _____

City/State/Zip _____

May we contact for reference? **YES** **NO**

Supervisor: _____

Reason for leaving: _____

Duties: _____

References

List name and telephone number of three business/work references who are not related to you and are not previous supervisors.

If not applicable, list three school or personal references who are not related to you.

Name _____

Title: _____

Relationship to you: _____

Telephone #: _____

Number of Years Known: _____

Name _____

Title: _____

Relationship to you: _____

Telephone #: _____

Number of Years Known: _____

Name _____

Title: _____

Relationship to you: _____

Telephone #: _____

Number of Years Known: _____

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with Allen Parish Hospital is true, complete and correct. I understand that any offer of employment I receive may be contingent on passing a job related physical examination, and/or completion of a background examination.

I expressly authorize, without reservation, Allen Parish Hospital, its representative, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding Allen Parish Hospital, its agents, employees or representatives for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that Allen Parish Hospital does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from Allen Parish Hospital and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and Allen Parish Hospital reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute and agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of Allen Parish Hospital is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by Allen Parish Hospital's CEO.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

Allen Parish Hospital does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limited or excluding and applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state or local law. Allen Parish Hospital likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, age disability, or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate, or non-employee (such as a vendor or customer). Allen Hospital takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to eliminate me from further consideration for employment, or may result in my immediate discharge from Allen Parish Hospital, whenever it is discovered.

I CERTIFY THAT I HAVE READ, FULLY UNDERSTAND AND ACCEPT ALL TERMS OF THE FOREGOING APPLICANT STATEMENT.

Signature of Applicant _____ Date _____/_____/_____