

Lady of the Sea General Hospital

200 West 134th Place

Cut Off, LA 70345

Application for Employment

Personal/Professional	Name: _____ Social Security No. _____ Address: _____ Phone No.: (____) _____		Date of Application: _____ Position(s) Applying for: _____ Date Available: _____ Salary Desired: _____		
	In case of Emergency, please call: Name: _____ Address: _____ Phone No.: (____) _____ Relationship: _____		Type of Employment Desired: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> PRN/FLEX Dates Available: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday Hours Available: _____		
	Professional Information (if applicable): <input type="checkbox"/> Certified Nursing Assistant <input type="checkbox"/> Medical Assistant <input type="checkbox"/> Phlebotomist <input type="checkbox"/> Med Lab Tech <input type="checkbox"/> Med Tech <input type="checkbox"/> LPN <input type="checkbox"/> RN <input type="checkbox"/> Respiratory Therapist <input type="checkbox"/> Pharmacist <input type="checkbox"/> Other _____ License/Certification No.: _____ Effective: _____ Expiration: _____		Are you: <input type="checkbox"/> Yes <input type="checkbox"/> No A previous employee? <input type="checkbox"/> Yes <input type="checkbox"/> No 18 or over? <input type="checkbox"/> Yes <input type="checkbox"/> No A citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No Legally able to work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No A licensed driver with a car available for work?		
School/College	Type of School	Name and Location	Dates Attended	Name and Date of Degree Earned	Major Field of Study
	High or Trade				
	Business or Tech				
	College/University				
	Other Training				
References	Employment Reference (1): Employer: _____ Address: _____ Phone No.: (____) _____ Dates of Employment: _____ to _____ Position Held: _____		Employment Reference (2): Employer: _____ Address: _____ Phone No.: (____) _____ Dates of Employment: _____ to _____ Position Held: _____		
	Employment Reference (3): Employer: _____ Address: _____ Phone No.: (____) _____ Dates of Employment: _____ to _____ Position Held: _____		Employment Reference (4): Employer: _____ Address: _____ Phone No.: (____) _____ Dates of Employment: _____ to _____ Position Held: _____		
	Personal Reference (1): Reference: _____ Address: _____ Phone No.: (____) _____ Occupation: _____		Personal Reference (2): Reference: _____ Address: _____ Phone No.: (____) _____ Occupation: _____		

Background	<p>NOTICE: A criminal background check will be performed for all candidates hired. Therefore, your response to the following question should match the results of the background check. Failure to disclose criminal history other than traffic violations may result in termination.</p> <p>Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please describe: _____</p>
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Nepotism	<p>NOTICE: Immediate family members of the Board of Commissioners and CEO may not be eligible to work at this facility. Also, immediate family members of Managers may not be eligible to work in that manager's department.</p> <p>Do you have a relative who is a member of the Board of Commissioners at Lady of the Sea? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have a relative employed at Lady of the Sea? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, list name(s) and relationship: _____</p>
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Applicant Statement	<ol style="list-style-type: none"> 1. I certify that all information given on this application and in any other supporting documentation, resume, etc., is true, correct and complete. 2. I certify that I have accounted for all of my work experience and training. 3. I understand that any false information, willful or negligent misrepresentation, or failure to disclose any requested information will constitute sufficient grounds for Lady of the Sea General Hospital to cancel consideration for employment or to terminate my employment without notice. 4. I authorize any inquiry to be made on any information contained in this application. 5. I authorize any previous employers, schools, or persons named as reference to give any information regarding my employment offer is not tendered, is withdrawn or my employment is terminated of falsity of statements, answers or omissions made by me in this application. 6. I hereby release said employers, schools, or persons from all liability for any damages whatsoever for issuing this information. 7. I agree to submit to a physical examination and drug screening and understand that provided Lady of the Sea General Hospital otherwise wishes to hire me, my employment at Lady of the Sea General Hospital depends upon the results of such examination and screening being acceptable to Lady of the Sea General Hospital. 8. I understand that operating conditions may require me to temporarily work shifts other than the one for which I am applying and I agree to such scheduling changes as directed by my supervisor/manager. 9. I further understand that an offer of employment does not constitute a contract between the applicant and Lady of the Sea General Hospital. 10. I understand that if employed, such employment is for an indefinite period, may be terminated by Lady of the Sea General Hospital or the applicant at any time with or without cause, and is subject to change in wages, conditions, benefits, and operating policies at Lady of the Sea General Hospital. 11. If employment is obtained under this application, I will comply with all policies and procedures of Lady of the Sea General Hospital. 12. I have read the description of the job I am applying for and can meet the physical requirements thereof. <p>Signature: _____ Date: _____</p>
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FOR HUMAN RESOURCES USE ONLY	
Medicare Sanction Report: <input type="checkbox"/> Match <input type="checkbox"/> No Match	Date: _____ Initials: _____

**Lady of the Sea General Hospital does not discriminate
on the basis of any protective status.**