



Lafayette Surgical Specialty Hospital

Application for Employment

Please Print or Type

ALL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL

Read and answer all questions completely. Feel free to attach your resume; however, all sections MUST be completed

Personal Data

Name (Last, First, Middle)		Social Security Number:	
Address (Number & Street)		City, State, Zip Code:	Phone Numbers: Home: () Alternate: ()
Position(s) applied for (please be specific)		Monthly Salary Desired:	Do You Prefer: Full-Time Part-Time Temporary
How were you referred to us?		Name of agency, newspaper, employee, etc	
Are you free to travel? yes no	Are you free to relocate? yes no	If yes, geographical preference(s):	
Do you have the legal right to be employed in the United States? yes no			

If offered a position, the Immigration Reform & Control Act of 1986 requires you to furnish proof of your employment authorization and your identity before you can begin work.

Lafayette Surgical Specialty Hospital does not discriminate against any person on the basis of race, color, national origin, or on the basis of disability, sex, sexual preferences, marital status, religion or age for employment. For further information about this policy, contact us at: 337-769-4100.

Education

Name(s) used on school records (if different from above):

Schools	Name & Address of School	Dates Attended		Degree or Highest Grade Completed	Major
		From Month/Year	To Month/Year		
High School					
College(s)					
Graduate School					
Technical, Business or Other					

Now attending: (circle one) Undergraduate School Graduate School % Completed

Licensure/Registry

License#: _____ State: _____ License#: _____ State: _____

Special Qualifications

List any job-related organizations of which you are a member:

List all medical equipment you have experience operating (i.e., ventilator):

What computer experience do you have? List software you use regularly and your knowledge level (beginner, intermediate, advanced):

Professional Certifications and/or Personal Development courses (i.e., CPR, ACLS):

Special Qualifications: (any additional strengths or skills that you feel would be an asset to the hospital)

Employment History

Dates of Employment (Month, Year):		Position	Monthly Salary:
From:	To:		
Firm Name:		Type of Business:	
Address (Number & Street):		City, State, Zip Code:	Phone Number:
Name under which you were employed (if different):		Name & Title of immediate supervisor:	
Responsibilities:			
Reason for leaving:			
If still employed, may we contact your present employer? Yes No			

Dates of Employment (Month, Year):		Position	Monthly Salary:
From:	To:		
Firm Name:		Type of Business:	
Address (Number & Street):		City, State, Zip Code:	Phone Number:
Name under which you were employed (if different):		Name & Title of immediate supervisor:	
Responsibilities:			
Reason for leaving:			

Dates of Employment (Month, Year):		Position	Monthly Salary:
From:	To:		
Firm Name:		Type of Business:	
Address (Number & Street):		City, State, Zip Code:	Phone Number:
Name under which you were employed (if different):		Name & Title of immediate supervisor:	
Responsibilities:			
Reason for leaving:			

Dates of Employment (Month, Year):		Position	Monthly Salary:
From:	To:		
Firm Name:		Type of Business:	
Address (Number & Street):		City, State, Zip Code:	Phone Number:
Name under which you were employed (if different):		Name & Title of immediate supervisor:	
Responsibilities:			
Reason for leaving:			

References

Name:			Title:	
Company:				
Address (Number & Street):	City, State, Zip Code:	Phone Number:		
Name:			Title:	
Company:				
Address (Number & Street):	City, State, Zip Code:	Phone Number:		
Name:			Title:	
Company:				
Address (Number & Street):	City, State, Zip Code:	Phone Number:		
Name:			Title:	
Company:				
Address (Number & Street):	City, State, Zip Code:	Phone Number:		

Additional Personal Data

Are you able to perform the essential function of the job for which you have applied with or without reasonable accomodation?
If no, please explain.

Have you been convicted of a felony within the past five (5) years?
(An affirmative response will not automatically disqualify you from being a candidate for employment.)
If yes, please explain.

If you are under 18, do you have a work permit?

Please Read Carefully

I certify that the statements indicated herein are true and correct to the best of my knowledge and I understand that falsification or omission of any information could result in termination of my employment.

I acknowledge the fact that this Application for Employment will be active for sixty (60) days; after this time period, I must reapply for further consideration.

I also understand that any offer of employment may be contingent upon a satisfactory credit and criminal record. I understand that the hospital may require the satisfactory completion of a drug screen as a condition of employment. By submitting this application for employment, I hereby consent to a drug screen.

This Application for Employment is not a contract and cannot create a contract. If employed by the hospital, I agree to abide by its rules and regulations. I understand that my employment would be "at-will" and could be terminated at any time by either party, with or without cause and with or without notice.

This understanding supersedes all prior agreements and representations, and any subsequent understanding which affects this arrangement must be in writing and signed by the Chief Administrative Officer of the hospital.

Signature

Date

For Human Resources Department Use Only

Office Location	Bi-Weekly Salary	Hire Date
Department	Position	Grade/Points and Job Code
Supervisor	HR Representative	Work Telephone Number

Educational Release Authorization

NOTE: This Release Authorization must include all institutions which you have attended after high school.

I hereby authorize the following institutions to release to the hospital verification of my attendance at:

School:	City,	State	Graduation Date (if applicable)
Degree/Major:			I attended under the name of:
School:	City,	State	Graduation Date (if applicable)
Degree/Major:			I attended under the name of:
Signature:		Date:	
Social Security Number:			

Authorization

I authorize the hospital to make whatever inquiries it may deem necessary in connection with my application for employment. As part of such inquiries, has my permission to contact persons who may have information relating to my suitability for employment.

I authorize and instruct any person or agency contacted to participate or conduct inquiries at its request to compile information, and to furnish any information obtained as a result of such inquiries.

I further authorize the hospital in its sole discretion, to furnish copies of this authorization and my application to any person(s) in connection with the above purposes.

Disclosure Statement

Information contained in reports obtained by Lafayette Surgical Specialty Hospital in accordance with the above authorization may include information pertaining to your character, general reputation, police records, and personal characteristics. You have the right to request that Lafayette Surgical Specialty Hospital completely and accurately disclose to you the nature and scope of all investigations requested. Such a request must be made in writing to the personnel department within a reasonable period of time after your application for employment is received.

I hereby acknowledge that I have read the above and have understood it.

Signature

Social Security Number

Date

*Return to: Lafayette Surgical Specialty Hospital
Human Resources Department
1101 Kaliste Saloom Road
Lafayette, LA 70508*

*337-769-4100
337-769-4209 fax*