



NAME/Last, First, Middle _____

POSITION _____

DATE _____



**WEST FELICIANA
HOSPITAL**

WEST FELICIANA HOSPITAL

P.O. BOX 368

ST. FRANCISVILLE, LA 70775

PHONE: (225) 635-3811

EMPLOYMENT APPLICATION

PERSONAL

LAST NAME	FIRST	MIDDLE		SOCIAL SECURITY NO.
PRESENT ADDRESS	CITY	STATE	ZIP CD	TELEPHONE NO.
PERMANENT ADDRESS	CITY	STATE	ZIP CD	TELEPHONE NO.
IN CASE OF AN EMERGENCY NOTIFY:	NAME	ADDRESS	CITY	STATE PHONE

POSITION APPLIED FOR	SALARY DESIRED
HOW WERE YOU REFERRED TO THIS FACILITY?	ARE YOU APPLYING FOR FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY <input type="checkbox"/>
RELATIVES OR FRIENDS EMPLOYED IN THIS FACILITY? YES <input type="checkbox"/> NO <input type="checkbox"/> DEPARTMENT:	DATE AVAILABLE FOR WORK:
HAVE YOU EVER BEEN EMPLOYED BY THIS FACILITY (WHEN)	ARE YOU 18 YEARS OLD OR YOUNGER? YES <input type="checkbox"/> NO <input type="checkbox"/>
HAVE YOU EVER BEEN DISCHARGED OR RESIGNED IN LIEU OF BEING DISCHARGED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> IF YES, EXPLAIN:	WOULD YOU CONSIDER WORKING ANY SHIFT? YES <input type="checkbox"/> NO <input type="checkbox"/> WEEKENDS & HOLIDAYS YES <input type="checkbox"/> NO <input type="checkbox"/> ROTATING SHIFTS YES <input type="checkbox"/> NO <input type="checkbox"/> ON CALL YES <input type="checkbox"/> NO <input type="checkbox"/>
ARE YOU PREVENTED FROM LAWFUL EMPLOYMENT BECAUSE OF YOUR VISA OR IMMIGRATION STATUS? YES <input type="checkbox"/> NO <input type="checkbox"/> PLEASE INDICATE VISA TYPE OR OTHER IMMIGRATION STATUS, IF APPLICABLE, VISA TYPE _____ OTHER _____	SHIFT PREFERENCE: 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>

EDUCATION/SKILLS

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CHECK LAST YEAR COMPLETED				DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
			1	2	3	4		
HIGH								
						<input type="checkbox"/> YES <input type="checkbox"/> NO		
COLLEGE								
						<input type="checkbox"/> YES <input type="checkbox"/> NO		
COLLEGE								
						<input type="checkbox"/> YES <input type="checkbox"/> NO		

OTHER Business College, Other Special Courses (Include Special Military Training, Post Graduate and Nursing)

AREA OF SPECIALIZATION OR MAJOR INTEREST TYPING: APPROX. WPM
SHORTHAND: APPROX. WPM

LIST HEALTH CARE, BUSINESS, OR INDUSTRIAL EQUIPMENT OPERATED:

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

ARE YOU CURRENTLY ELIGIBLE FOR: REGISTERED LICENSURE CERTIFIED REGISTRATION LICENSURE CERTIFICATION

IF LICENSED, REGISTERED OR CERTIFIED	TYPE	STATE ISSUED	DATE	NO
	TYPE	STATE ISSUED	DATE	NO
	TYPE	STATE ISSUED	DATE	NO

LANGUAGE SKILLS (where related to position sought)

LANGUAGE	DO YOU?	SPEAK <input type="checkbox"/>	FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT <input type="checkbox"/>	READ <input type="checkbox"/>	FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT <input type="checkbox"/>	WRITE <input type="checkbox"/>	FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT <input type="checkbox"/>
LANGUAGE	DO YOU?	SPEAK <input type="checkbox"/>	FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT <input type="checkbox"/>	READ <input type="checkbox"/>	FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT <input type="checkbox"/>	WRITE <input type="checkbox"/>	FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT <input type="checkbox"/>

PREVIOUS EXPERIENCE

PLEASE LIST NAME, ADDRESS AND PHONE NUMBER OF PREVIOUS EMPLOYERS WITH MOST RECENT EMPLOYER FIRST.	FROM	TO	IMMEDIATE SUPERVISOR	LAST SALARY Hourly, Monthly or Yearly
JOB TITLE: _____ EMPLOYER NAME ADDRESS & PHONE: _____ _____ DUTIES: _____ _____ REASON FOR LEAVING: _____				
JOB TITLE: _____ EMPLOYER NAME ADDRESS & PHONE: _____ _____ DUTIES: _____ _____ REASON FOR LEAVING: _____				
JOB TITLE: _____ EMPLOYER NAME ADDRESS & PHONE: _____ _____ DUTIES: _____ _____ REASON FOR LEAVING: _____				
JOB TITLE: _____ EMPLOYER NAME ADDRESS & PHONE: _____ _____ DUTIES: _____ _____ REASON FOR LEAVING: _____				
State if you do not want us to contact any of the above listed former employers and the reason you do not want each contacted. _____ _____ _____ _____				
Can we run a detailed employment check, including but not limited to a check with your previous employers? YES <input type="checkbox"/> NO <input type="checkbox"/> _____ Please sign here to authorize reference check				

