



NAME/Last, First, Middle _____

POSITION _____

DATE _____

WEST FELICIANA PARISH HOSPITAL

P.O. BOX 368

ST. FRANCISVILLE, LA 70775

PHONE: (225) 635-3811

BATON ROUGE (225) 343-7242



EMPLOYMENT APPLICATION

An Equal Employment Opportunity Employer.
We comply with all applicable state and federal
civil rights and equal employment law and regulations.

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"/>
WERE YOU EVER CONVICTED OF A FELONY? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, EXPLAIN:	

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								
COLLEGE								
COLLEGE								
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: <input type="checkbox"/> REGISTERED <input type="checkbox"/> LICENSURE <input type="checkbox"/> CERTIFIED <input type="checkbox"/> 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?	<input type="checkbox"/> 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	
LANGUAGE	DO YOU?	<input type="checkbox"/> 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	

PREVIOUS EXPERIENCE

PLEASE LIST NAME, ADDRESS AND PHONE NUMBER OF PREVIOUS EMPLOYERS WITH MOST RECENT EMPLOYER FIRST.	FROM	TO	IMMEDIATE SUPERVISOR	LAST SALARY <small>Hourly, Monthly or Yearly</small>
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 NO _____

Please sign here to authorize reference check

Did you serve in the U.S. Armed Services? YES NO What Branch?
Have you volunteered your time or services? YES NO Where?
Briefly describe duties and skills acquired through volunteer or military service: (include dates)

REFERENCES

LIST AT LEAST 3 REFERENCES WHO ARE NOT RELATIVES OR EMPLOYERS:

NAME AND RELATIONSHIP	TITLE	COMPANY NAME & ADDRESS	TELEPHONE

REMARKS

MAKE ANY COMMENTS YOU FEEL ARE PERTINENT TO YOUR APPLICATION

I hereby certify that the information contained in this application form is true and correct and I authorize personnel representatives of this facility to contact any of my schools, former employers or other references unless otherwise stated. This is to be done for the purposes of collecting information and an account of their experience with me.
I understand that if I am employed, any misrepresentation of the facts as stated or implied on this application form is sufficient cause for dismissal. I also understand that I may be required to successfully complete a medical examination before employment. This agreement does not bind either party for any specific period regarding employment.

Date _____ Signature _____

FOR OFFICE USE ONLY

TO BE COMPLETED AFTER EMPLOYED				HIRED? YES <input type="checkbox"/> NO <input type="checkbox"/> SEE COMMENTS BELOW				
REFERENCES CHECKED AND BY WHOM:	REFERENCE #1	DATE	REFERENCE #2	DATE	REFERENCE #3	DATE		
PERSONNEL NOTES (these notes are open to inspection—please keep information factual)								
IF APPLICANT IS 18 YRS. OLD OR LESS IS PROOF OF AGE ON FILE? <input type="checkbox"/> YES <input type="checkbox"/> NO				INTERVIEWER'S SIGNATURE				
STARTING DATE		<input type="checkbox"/> EXEMPT <input type="checkbox"/> NON-EXEMPT		COMPLETION OF PROBATION/APPROVED BY DATE				
DEPARTMENT			COST CENTER		SIGNATURE			
POSITION/JOB SITE				<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		<input type="checkbox"/> ON CALL STATUS <input type="checkbox"/> ROTATION		
STARTING SALARY/GRADE		DIFFERENTIAL		SHIFT		EMPLOYEE NUMBER		
NOTIFY IN CASE OF EMERGENCY		NAME		RELATIONSHIP		ADDRESS		TELEPHONE