



Pointe Coupee General Hospital Job Application Form
Return to: Administration, 2202 False River Dr., New Roads, LA 70760

Equal access to programs, services, and employment are available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position applied for: _____ Date: ___/___/___

Name: _____

Address: _____

Telephone: _____ Cell: _____

If you have ever been employed here before, give dates and positions: _____

Is this application a request for reemployment following an extended military leave of absence from this company?
[] Yes [] No

Date available to work: ___/___/___ Desired salary range: \$ _____

Type of Employment Desired: [] Full-time [] Part-time [] PRN (as needed)

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)?
[] Yes [] No [] Need more information about the job's "essential functions" to respond

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Driver's license number (driving may be required in the job for which you are applying): _____ State: _____

Have you ever pleaded "guilty" or "no contest" to, or been convicted of, a crime?
[] Yes [] No

If yes, please provide date(s) and details: _____

Employment History

Please start with most recent employer.

Employer Name: _____ Employ Dates: _____

Address: _____ City: _____ State _____

Job Title: _____ Supervisor: _____

Why did you leave? _____ May we contact for reference? [] Yes [] No

Employer Name: _____ Employ Dates: _____

Address: _____ City: _____ State _____

Job Title: _____ Supervisor: _____

Why did you leave? _____ May we contact for reference? [] Yes [] No



I understand that this application remains current for 30 days. At the conclusion of that time, If I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application when a position becomes available.

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 the employer reserves the same right to terminate my employment at any time, with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period of time. I understand that no supervisor or representative of the employer 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 the employer's administrator.

I 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.

This company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, nation origin, genetic information, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. This Company likewise does not tolerate harassment based on sex, race, color, religion, national origin, genetic information, citizenship, age, disability, or any other protected status. The Company 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 of employment, or may result in my immediate discharge from the employment, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, understand, and accept all terms of the foregoing Applicant Statement.

Signature of Applicant: _____

Date: ____/____/____

“An Equal Opportunity Employer”