

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: ___ Cell: Telephone: 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 "quilty" 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: _____ State ____ Address: City: ____ Supervisor: ____ Job Title: Why did you leave? _____ May we contact for reference? \Box Yes \Box No Employ Dates: _____ Employer Name: City: ____ _____ State ____ Address: _____ Job Title: _____ Supervisor: _____ Why did you leave? _____ May we contact for reference?



Skills and Qualifications

Summarize any special training, skills, licenses and/or certifications that may assist you in performing the position for which you are applying.

Computer S	kills				
Check appropriat					
Word Processing			Email	□ Internet	
□ Spreadsheet			Presentation	□ Other	
	Background	ool attended.			
School:		Yea	rs Completed:	Major/Minor	
Completed:	🗆 Diploma	□ GED	□ Degree	□ Certification	□ Other
School:		Yea	rs Completed:	Major/Minor	
Completed:	Diploma	□ GED	□ Degree	□ Certification	□ Other
School:		Yea	rs Completed:	Major/Minor	
Completed:	🗆 Diploma	□ GED	□ Degree	□ Certification	□ Other
	elephone numbers of ree school or persona			<u>ot</u> related to you and are <u>r</u>	not previous supervisors. If not
Name:		Title/Relation	_ Title/Relation to you:		one
Name:		Title/Relation	_ Title/Relation to you:		one
Name:		Title/Relation	_ Title/Relation to you:		one
	Number:	ployment purposes	and make reasonable	efforts to safeguard your	privacy.

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete, and correct.

I expressly authorize, without reservation, the employer, its representatives, or employees to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application or resume. I hereby waive any and all rights and claims I may have regarding the employer, employees, or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant form from consideration for employment on any basis prohibited by applicable local, state, or federal law.



I understand that this application remains current for <u>30 days</u>. 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 contact 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 is it 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"