



UNION GENERAL HOSPITAL, INC

# APPLICATION FOR EMPLOYMENT

This application will be considered active for a period of ninety days.

Qualified applications are considered for all positions without regard to race color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition to disability.

Please print

Position(s) applied for: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Maiden

List any other names you have worked under: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip Code

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Have you filed an application here before? Yes \_\_\_ No \_\_\_ Date: \_\_\_\_\_

Have you ever been employed here before? Yes \_\_\_ No \_\_\_ Date: \_\_\_\_\_

Are you legally eligible for employment in this country? \_\_\_\_\_

(Proof of U.S. Citizenship or immigration status will be required upon employment.)

Are you available to work? Full-time \_\_\_\_\_ Part-Time \_\_\_\_\_ Shift Work \_\_\_\_\_ Temporary \_\_\_\_\_

Can you travel if job requires it? Yes \_\_\_ No \_\_\_

Do you anticipate any problems in getting to work? Yes \_\_\_ No \_\_\_

Do you have any friends or relatives that work here? Yes \_\_\_ No \_\_\_ If yes, list name(s) and relationship:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you related to an UGH board member or local physician? Yes \_\_\_ No \_\_\_ If yes, list name(s) and relationships:

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May your application be referred to another company? Yes \_\_\_ No \_\_\_

\*Have you even been convicted of a crime, pleaded guilty or no contest to committing a crime?

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\*Do you have any unresolved arrests, warrants, or pending criminal charges against you?

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\*A conviction record will not necessarily be a bar to employment. All factors involved will be considered.

Are you a veteran of the U.S. Military Service? Yes \_\_\_ No \_\_\_ Branch: \_\_\_\_\_

The hiring decision will be based on qualifications only, with reasonable accommodations for the disabled.

List professional, business or civic activities and offices held. (Exclude groups which indicate race, color, religion, sex or national origin)

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Give name, address, and telephone number of three references not related to you:

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Special employment notice to disabled veterans, Vietnam Era veterans, and individuals with physical or mental disabilities:

Government contractors are subject to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified disabled individuals.

If you are a disabled veteran, or have a physical or mental disability, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to

perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

If you wish to be identified, please sign below.

Disabled Individual \_\_\_\_\_ Disabled Veteran \_\_\_\_\_ Vietnam Era Veteran \_\_\_\_\_

Education (high school and beyond):

List school names, years completed, diploma, specialized training, apprenticeship skills, etc.

SCHOOL NAME	YEARS COMPLETED	DIPLOMA	COMMENTS

Employment History:

List employers, dates worked, supervisor name and number, job, rate of pay, reason for leaving

<u>EMPLOYER</u>	<u>DATES WORKED</u>	<u>SPV NAME/PHONE #</u>	<u>POSITION</u>	<u>RATE OF PAY</u>	<u>REASON FOR LEAVING</u>

May we contact your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Summarize special skills and qualifications acquired from employment or other experience:

\_\_\_\_\_

\_\_\_\_\_

List any Honors received from school, college, etc.: \_\_\_\_\_

State any additional information you feel may be helpful to us in considering your application:

Remarks:

I understand and agree that Union General Hospital may make inquiries to verify information on this application, particularly relating to prior employment and education. In addition, an investigation into my character and general reputation may be conducted and persons, including references listed in the application, may be contacted for this purpose. My signature below authorizes UGH to do so.

As a prospective employee of UGH, I understand a thorough investigation of my record of past criminal activities will be conducted by the Louisiana Department of Public Safety and Corrections.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date