

UNION GENERAL HOSPITAL

APPLICATION FOR EMPLOYMENT

Qualified applicants 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.

P.O. Box 398 Farmerville, LA 71241						
(318) 368-9751						
PLEASE PRINT:						
Position (s) applied for						
Name						
Last		Frist	Middl	е	Maiden	
List of other names you have w	vorked under					
Address						
Number	Street			City		•
Phone No		Social Sec	urity No.	·		
Have you filed an application h	ere before?	Yes	No		_ Date	_
Have you ever been employed	here before?	Yes	No		Date	
Are you legally eligible for emp	oloyment in this	country?				_
(Proof of U.S. Citizenship or im	migration statu	s will be require	d upon e	employme	ent.)	
Are you available to work?	Full-Time	Part-time	Shi	ft Work _	Temporary	
Are you on lay-off and subject	to recall?	Yes	No			
Can you travel if job requires it	?	Yes	No			
Do you anticipate any problem	is in getting to v	vork? Yes _		No		
Do any of your friends or relati	ves work here?	Yes	No	If ye	s, list name(s) and rel	ationship:
Are you related to UGH board	member or loca	al physician?	Yes	No	If yes, list names(s) and relationship:
May your application be referr	ed to another c	ompany: Yes _		No		
\star Have you ever been convict	ed of a crime?	Yes	No	If •	yes, explain:	_
Are you a veteran of the U.S. N	Ailitary Service?	Yes	No			
If yes, what was your Branch o	r the U.S. Milita	ry Service?				
The hiring decision will be base	ed on qualificati	ons only, with re	easonabl	e accomm	nodations for the disal	bled.
★ A conviction record will not	necessarily be a	a bar to employr	nent. All	factors in	volved will be conside	ered.

AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

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

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

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 Veteran _____

Signed _____

EDUCATION	Elementary	High	College/Univ.	Graduate/ Professional
School Name				
Years Completed (Mark)	45678	9 10 11 12	1234	1234
Diploma/Degree				
Describe Course of Study				
Describe Specialized Training, Apprenticeship Skills, and Extra-Curricular Activities				

EMPLOYMENT HISTORY:

List each job held. Start with your present or last job. Include military service assignments and volunteer activities. (Exclude groups which indicate race, color, religion, sex or national origin.)

1. Employer
Started Mo./Yr
Left Mo./Yr
Complete Company Address
Company Phone No
Type of Work
Immediate Supervisor
Rate of Pay Start/Left
Reason For Leaving
2. Employer
Started Mo./Yr
Left Mo./Yr
Complete Company Address
Company Phone No
Type of Work
Immediate Supervisor
Rate of Pay Start/Left
Reason For Leaving
3. Employer
Started Mo./Yr
Left Mo./Yr
Complete Company Address
Company Phone No
Type of Work
Immediate Supervisor
Rate of Pay Start/Left
Reason For Leaving

4. Employer	
Started Mo./Yr	
Left Mo./Yr	
Complete Company Address	
Company Phone No	
Type of Work	
Immediate Supervisor	
Rate of Pay Start/Left	
Reason For Leaving	
If you need more space, please continue on a separate sheet.	
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:	<u>.</u>
Remarks:	
I understand and agree that Union General Hospital may make inquiries to verify information on this ap	•
particularly relating to prior employment and education. In addition, an investigation into my character	and general

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. I understand that any false or misleading information or omissions in this application does not indicate that there are positions open and does not in any way obligate the Hospital. If employed, I will conform to the rules, and regulations of UGH and my employment and compensation may be terminated, with or without cause, and with or without notice, at any time, at the option of either the Hospital or myself. I hereby acknowledge that I have read and fully understand the foregoing statement.

I understand that if employed, my employment is for no definite period and no manager or employee has the authority to enter into an employment contract with me in behalf of the hospital.

I understand and agree, if employed, not to: engage in outside business ventures which would interfere with my duties as an employee; provide consulting or other services for firms in competition with the hospital or engage in any activity

in competition with UGH; have any substantial interest in a firm which supplies goods or services to the hospital/ accept form suppliers or competitors any gifts worth more than \$25.00

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

Signature

Date