



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: _____ Social Security Number: _____

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 _____

Are you on lay-off and subject to recall? Yes ___ No ___

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:

May your application be referred to another company? Yes ___ No ___

*Have you ever been convicted of a crime? Yes ___ No ___ If yes, explain:

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.

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

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 Era Veteran ___

Signed: _____

Education:

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

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

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.

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 on 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 from 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 Louisiana Department of Public Safety and Corrections.

Signature

Date