

# Jennings Hospital

1634 Elton Road Jennings LA 70546  
337-616-7042 (phone) 337-616-7044 (fax) www.jalh.com

<b>APPLICATION FOR EMPLOYMENT</b> JALH is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status protected under local, state or federal laws.	<b>DATE</b>   
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To Applicant: We deeply appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and may assist us in possible future upgrading.

## PERSONAL

NAME (LAST - FIRST - MIDDLE)			SOCIAL SECURITY NO.
PRESENT ADDRESS - NO	STREET	CITY - STATE - ZIP	TELEPHONE NO.
PERMANENT ADDRESS - NO	STREET	CITY - STATE - ZIP	TELEPHONE NO.

POSITION(S) APPLIED FOR	RATE OF PAY EXPECTED \$	PER
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TYPE OF EMPLOYMENT DESIRED <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME OR PRN	SPECIFY DAYS AND HOURS IF PART-TIME OR PRN
WERE YOU PREVIOUSLY EMPLOYED BY US? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN?

LIST ANY FRIENDS OR RELATIVES WORKING FOR US - NAME(S)

HAVE YOU SUBMITTED AN APPLICATION HERE BEFORE? IF YES, GIVE DATE(S) AND POSITIONS(S)

IF YOUR APPLICATION IS CONSIDERED FAVORABLY, ON WHAT DATE WILL YOU BE AVAILABLE FOR WORK?

ARE THERE ANY OTHER EXPERIENCES, SKILLS OR QUALIFICATIONS WHICH YOU FEEL WOULD ESPECIALLY FIT YOU FOR WORK WITH OUR ORGANIZATION?

## RECORD OF EDUCATION

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED				DID YOU GRADUATE?	LIST DIPLOMA, GED OR DEGREE
			5	6	7	8		
ELEMENTARY							<input type="checkbox"/> Yes	
							<input type="checkbox"/> No	
HIGH							<input type="checkbox"/> Yes	
							<input type="checkbox"/> No	
COLLEGE							<input type="checkbox"/> Yes	
							<input type="checkbox"/> No	
OTHER (SPECIFY)							<input type="checkbox"/> Yes	
							<input type="checkbox"/> No	

**LIST BELOW ALL PRESENT AND PAST EMPLOYMENT, INCLUDING US MILITARY SERVICE, BEGINNING WITH YOUR MOST RECENT.**

NAME AND ADDRESS OF COMPANY			
TYPE OF BUSINESS	TELEPHONE NO.	FROM (MO - YR)	TO (MO - YR)
DESCRIBE THE WORK YOU DID			
STARTING SALARY \$	LAST SALARY \$	NAME OF SUPERVISOR	
REASON FOR LEAVING			

NAME AND ADDRESS OF COMPANY			
TYPE OF BUSINESS	TELEPHONE NO.	FROM (MO - YR)	TO (MO - YR)
DESCRIBE THE WORK YOU DID			
STARTING SALARY \$	LAST SALARY \$	NAME OF SUPERVISOR	
REASON FOR LEAVING			

NAME AND ADDRESS OF COMPANY			
TYPE OF BUSINESS	TELEPHONE NO.	FROM (MO - YR)	TO (MO - YR)
DESCRIBE THE WORK YOU DID			
STARTING SALARY \$	LAST SALARY \$	NAME OF SUPERVISOR	
REASON FOR LEAVING			

NAME AND ADDRESS OF COMPANY			
TYPE OF BUSINESS	TELEPHONE NO.	FROM (MO - YR)	TO (MO - YR)
DESCRIBE THE WORK YOU DID			
STARTING SALARY \$	LAST SALARY \$	NAME OF SUPERVISOR	
REASON FOR LEAVING			

MAY WE CONTACT THE EMPLOYERS LISTED ABOVE?	IF NOT, INDICATE WHICH ONE(S) YOU DO NOT WISH US TO CONTACT.
<input type="checkbox"/> YES <input type="checkbox"/> NO	

**PERSONAL REFERENCES (Not Former Employers or Relatives)**

NAME AND OCCUPATION	ADDRESS	PHONE NUMBER

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**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

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EXPLAIN ANY GAPS IN WORK HISTORY:

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HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM A JOB? \_\_\_YES \_\_\_NO

If yes, explain:

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IF YOU ARE APPLYING FOR A POSITION WHICH REQUIRES A PROFESSIONAL LICENSE SUCH AS A NURSE OR A PHARMACIST, PLEASE LIST THE STATE OR STATES IN WHICH YOU ARE REGISTERED OR LICENSED TO PRACTICE.

1.	3.
2.	4.

HAVE YOU BEEN CONVICTED OF A CRIME IN THE PAST TEN YEARS, EXCLUDING MISDEMEANORS AND SUMMARY OFFENSES?

Answering "yes" to this question does not constitute an automatic bar to employment. Factors such as age and date of the conviction, seriousness and nature of the violation, rehabilitation, and position applied for will be taken into account.

NO       YES

IF YES, DESCRIBE IN FULL.

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**CERTIFICATION:** This application is submitted with the understanding that a physical examination and drug screening test, satisfactory to the employer must be completed prior to commencing work as a condition of an offer of employment. I certify that the answers given by me to the foregoing statements are correct and without omission. I authorize the hospital to investigate the foregoing, and any other information which might assist the hospital to determine my qualifications for employment. I release the company and my former employers from any liability for damage which may result from any such investigation. If, upon investigation, anything contained in this application is found to be untrue, I understand I will be subject to dismissal at any time during the period of employment. I understand that this application is not to be construed as a guarantee of employment for a specific time. I further understand that my employment with the company does not constitute any form of contract, implied or expressed, and such employment will be terminable by either myself or my employer upon notice of one party or the other. My employment is dependent on satisfactory performance and the continued need for my service as determined by the company. Documentation of eligibility to work in the United States will be required in compliance with the Immigration Reform Act of 1986.

By your signature below you affirm your agreement with these conditions.

Signature of Applicant:

Date:

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**APPLICANT DATA RECORD**

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap.

As an employer/government contractor, we comply with government regulations and affirmative action responsibilities. Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation. Refusal to provide this information will not subject you to adverse treatment.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

(PLEASE PRINT)

Position(s) Applied for \_\_\_\_\_ Date \_\_\_\_\_

Referral Source:

\_\_\_\_ Advertisement  
\_\_\_\_ Walk-In

\_\_\_\_ Friend  
\_\_\_\_ Employment Agency

\_\_\_\_ Relative  
\_\_\_\_ Other

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Last First Middle Area Code

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

AFFIRMATIVE ACTION SURVEY

Government agencies require periodic reports on the sex, ethnicity, disability and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information about a disability is voluntary.

Check one: \_\_\_\_ Male \_\_\_\_ Female

Check one of the following:

Race/Ethnic Group:

\_\_\_\_ **American Indian or Alaskan Native** – A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.

\_\_\_\_ **Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

\_\_\_\_ **Black or African American** – A person having origins in any of the Black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American".

\_\_\_\_ **Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

\_\_\_\_ **White** – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

\_\_\_\_ **Two or More Races (Non-Hispanic or Latino)**

\_\_\_\_ **Hispanic or Latino (All races)** – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

\_\_\_\_ **Hispanic or Latino (White race only)** – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of the White race.

\_\_\_\_ **Hispanic or Latino (all other races)** – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of any race other than White.

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Sought Is Open: \_\_\_\_ YES \_\_\_\_ NO  
Position(s) Considered For: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_ **Race missing or unknown** – Applies to **Applicants only**, where a resume or application that is screened is received without any racial or ethnic identification and no further contact is made with the applicant.

Check if any of the following are applicable:

\_\_\_\_ Vietnam ERA Veteran \_\_\_\_ Disabled Veteran \_\_\_\_ Disabled Individual