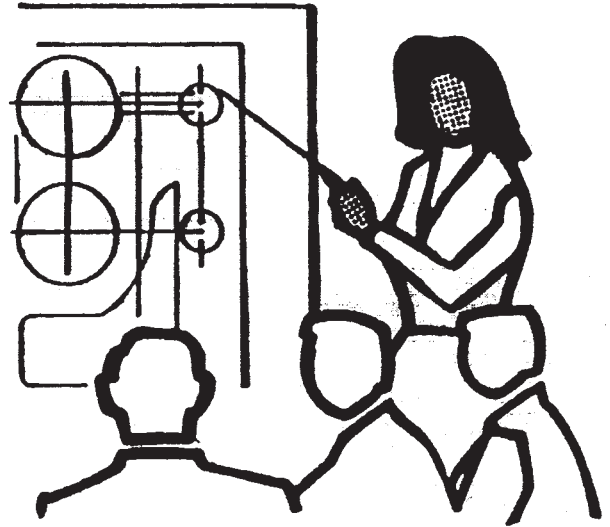


NAME/Last, First, Middle _____

POSITION _____

DATE _____



WEST FELICIANA PARISH HOSPITAL

P.O. BOX 368

ST. FRANCISVILLE, LA 70775

PHONE: (225) 635-3811

BATON ROUGE (225) 343-7242



EMPLOYMENT APPLICATION

An Equal Employment Opportunity Employer.
We comply with all applicable state and federal
civil rights and equal employment law and regulations.

PERSONAL

LAST NAME	FIRST	MIDDLE			
PRESENT ADDRESS	CITY	STATE	ZIP CD	TELEPHONE NO.	
PERMANENT ADDRESS	CITY	STATE	ZIP CD	EMAIL ADDRESS	
IN CASE OF AN EMERGENCY NOTIFY:	NAME	ADDRESS	CITY	STATE	PHONE

POSITION APPLIED FOR		SALARY DESIRED	
HOW WERE YOU REFERRED TO THIS FACILITY?		ARE YOU APPLYING FOR FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY <input type="checkbox"/>	
RELATIVES OR FRIENDS EMPLOYED IN THIS FACILITY? YES <input type="checkbox"/> NO <input type="checkbox"/> DEPARTMENT:		DATE AVAILABLE FOR WORK:	
HAVE YOU EVER BEEN EMPLOYED BY THIS FACILITY (WHEN)	ARE YOU 18 YEARS OLD OR YOUNGER? YES <input type="checkbox"/> NO <input type="checkbox"/>	WOULD YOU CONSIDER WORKING ANY SHIFT? YES <input type="checkbox"/> NO <input type="checkbox"/>	
HAVE YOU EVER BEEN DISCHARGED OR RESIGNED IN LIEU OF BEING DISCHARGED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> IF YES, EXPLAIN:		WEEKENDS & HOLIDAYS YES <input type="checkbox"/> NO <input type="checkbox"/> ROTATING SHIFTS YES <input type="checkbox"/> NO <input type="checkbox"/> ON CALL YES <input type="checkbox"/> NO <input type="checkbox"/>	
ARE YOU PREVENTED FROM LAWFUL EMPLOYMENT BECAUSE OF YOUR VISA OR IMMIGRATION STATUS? YES <input type="checkbox"/> NO <input type="checkbox"/> PLEASE INDICATE VISA TYPE OR OTHER IMMIGRATION STATUS, IF APPLICABLE, VISA TYPE _____ OTHER _____		SHIFT PREFERENCE: 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	
WERE YOU EVER CONVICTED OF A FELONY? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, EXPLAIN:			

EDUCATION/SKILLS

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CHECK LAST YEAR COMPLETED				DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
			1	2	3	4		
HIGH							<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE							<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE							<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER Business College, Other Special Courses (Include Special Military Training, Post Graduate and Nursing)								
AREA OF SPECIALIZATION OR MAJOR INTEREST			TYPING: APPROX. WPM					
			SHORTHAND: APPROX. WPM					
LIST HEALTH CARE, BUSINESS, OR INDUSTRIAL EQUIPMENT OPERATED:								
PROFESSIONAL LICENSES AND/OR CERTIFICATIONS								
ARE YOU CURRENTLY ELIGIBLE FOR:		<input type="checkbox"/> REGISTERED	<input type="checkbox"/> LICENSED	<input type="checkbox"/> CERTIFIED				
		<input type="checkbox"/> REGISTRATION	<input type="checkbox"/> LICENSURE	<input type="checkbox"/> CERTIFICATION				
IF LICENSED, REGISTERED OR CERTIFIED	TYPE	STATE ISSUED	DATE	NO				
	TYPE	STATE ISSUED	DATE	NO				
	TYPE	STATE ISSUED	DATE	NO				
LANGUAGE SKILLS (where related to position sought)								
LANGUAGE	DO YOU?	<input type="checkbox"/> SPEAK	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> READ	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> WRITE	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	
LANGUAGE	DO YOU?	<input type="checkbox"/> SPEAK	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> READ	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> WRITE	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	

PREVIOUS EXPERIENCE

PLEASE LIST NAME, ADDRESS AND PHONE NUMBER OF PREVIOUS EMPLOYERS WITH MOST RECENT EMPLOYER FIRST.	FROM	TO	IMMEDIATE SUPERVISOR	LAST SALARY Hourly, Monthly or Yearly
JOB TITLE: _____ EMPLOYER NAME ADDRESS & PHONE: _____ _____ DUTIES: _____ _____ REASON FOR LEAVING: _____				
JOB TITLE: _____ EMPLOYER NAME ADDRESS & PHONE: _____ _____ DUTIES: _____ _____ REASON FOR LEAVING: _____				
JOB TITLE: _____ EMPLOYER NAME ADDRESS & PHONE: _____ _____ DUTIES: _____ _____ REASON FOR LEAVING: _____				
JOB TITLE: _____ EMPLOYER NAME ADDRESS & PHONE: _____ _____ DUTIES: _____ _____ REASON FOR LEAVING: _____				
State if you do not want us to contact any of the above listed former employers and the reason you do not want each contacted. _____ _____ _____ _____				
Can we run a detailed employment check, including but not limited to a check with your previous employers? YES <input type="checkbox"/> NO <input type="checkbox"/> _____ Please sign here to authorize reference check				

