

HEALTH SYSTEMS 2000, INC

1901 Oak Park Blvd, Lake Charles, LA 70601 (337)562-1140 (337)562-1142

Application For Employment

Federal and State laws prohibit discrimination in employment because of sex, race, color, religion, national origin, age, disability, veteran status, and citizenship status. We are an equal opportunity employer. Applicants may request accommodations needed to apply for work. Equal access to programs, services and employment is available to all persons. Those applications requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resource Department.

Position (s) applied for _____ Date _____

Name _____ Social Security # ____/____/____
Last First Middle

Address: _____
Street City State Zip Code

Telephone # () _____ Referral Source (How did you hear about us?) _____

Is there any additional information regarding your name (i.e. aliases, nicknames) necessary in order for our agency to check references or prior employers? ___ Yes ___ No

If you are under 18, and it is required, can you furnish a work permit?..... ___ Yes ___ No

If **no**, please explain _____

Have you ever been employed here before? If yes, give dates and positions..... ___ Yes ___ No

Are you legally eligible for employment in this country?..... ___ Yes ___ No

Date available for work ____/____/____ What is your desired salary range?\$ _____

Type of employment desired ___ Full-Time ___ Part-Time ___ As Needed ___ Educational Co-Op

Do you have responsibilities that would limit your availability to work?

_____ Yes _____ No

If so, please explain: _____

Are you willing and able to work: _____ **Indicate Shift Preference:** _____

Weekends? ___ Yes ___ No Day _____

Holidays? ___ Yes ___ No Evening _____

Rotating Shifts? ___ Yes ___ No Night _____

Do you possess a valid driver's license? ___ Yes ___ No

Do you possess a valid commercial driver's license? ___ Yes ___ No

Driver's license number if driving may be required in position for which you are applying?
_____ State _____

Have you ever been convicted of a crime, other than a minor traffic violation, been on probation, sentenced to jail/prison as a result of a felony conviction or guilty plea, or are you now under pending investigation or charges of violation of criminal law? ___ Yes ___ No

Have you ever been fired from a job or resigned to avoid dismissal? ___ Yes ___ No

Have you ever been the subject of any adverse action(s) by any duly authorized sanctioning or disciplinary agency for either conduct based or performance based actions? ___ Yes ___ No ___

Explain a "yes" answer to any of the above questions; give the law enforcement authority (city police, sheriff, FBI, etc.), the offense, date of offense, place and disposition of case.

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

EDUCATIONAL BACKGROUND

<i>Attended</i>	<i>Name and Address</i>	<i>How Long?</i>	<i>Graduated</i>	<i>Course or Major</i>
High School				
College				
Technical				
Other				

Summarize any special training, skills, and/or certificates that may assist you in performing the position for which you are applying.

Computer Skills (Check appropriate space. Include software titles and years of experience.)

Word Processing _____ Years: _____ E-Mail _____ Years: _____
 Spreadsheets _____ Years: _____ Internet _____ Years: _____
 Presentation _____ Years: _____ Other _____ Years: _____

PROFESSIONAL LICENSES AND/OR CERTIFICATION

<i>Type / Number</i>	<i>Organization or State Issued</i>	<i>Date Issued</i>

Are you currently employed? _____ Yes _____ No

We routinely contact an applicant's current employer for reference checks. Would this pose particular difficulty for you? _____ Yes _____ No

If yes, please explain: _____

Current or Last Employer

Employer: _____ Phone No. _____

Address _____ From _____ To _____

Starting Job Title/Final Job Title: _____

Position & Duties _____

Supervisor _____

Reason for leaving: _____

Previous Employer

Employer: _____ Phone No. _____

Address _____ From _____ To _____

Starting Job Title/Final Job Title: _____

Position & Duties _____

Supervisor _____

Reason for leaving: _____

Previous Employer

Employer: _____ Phone No. _____

Address _____ From _____ To _____

Starting Job Title/Final Job Title: _____

Position & Duties _____

Supervisor _____

Reason for leaving: _____

Please explain all periods of unemployment: _____

REFERENCES

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are *not* related to you.

<i>Name</i>	<i>Address & Phone Number</i>	<i>Occupation</i>	<i>Years known</i>
<i>1.</i>			
<i>2.</i>			
<i>3.</i>			

APPLICATION INFORMATION STATEMENT (To be read by the applicant before signing)

I certify that all information given on this application is true, correct, and complete. I also certify that I have accounted for all of my work experience and training on this application as well as periods of unemployment.

I authorize this facility to make any investigation of my personal history and financial record through any investigative credit agencies or bureaus of its choice, including an investigative consumer report, it may include information as to my character, general reputation, personal characteristics, and normal living. I authorize this facility to contact any and /or all of my references to disclose full information to this facility regarding my prior employment or my general character, reputation, and mode of transportation and I release any and all prior employers from any liability for releasing that information.

I understand that misrepresentations or omission of facts in this application or in subsequent employment documents completed by me will be cause for cancellation of my consideration for employment or dismissal if I am employed by this facility. I understand that operating conditions may require me to temporarily work shifts other than the one for which I am applying, and adjust to such scheduling changes as directed by my supervisor or the facility administrator. If employed by this facility, I agree to abide by its rules and regulations.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I FURTHER UNDERSTAND THAT THIS IS ONLY AN APPLICATION FOR EMPLOYMENT AND NOT AN EMPLOYMENT CONTRACT OF ANY TYPE. I UNDERSTAND THAT NO SUPERVISOR OR REPRESENTATIVE OF THE EMPLOYER IS AUTHORIZED TO MAKE ANY ASSURANCES TO THE CONTRARY AND THAT NO IMPLIED ORAL OR WRITTEN AGREEMENTS CONTRARY TO THE FOREGOING EXPRESS LANGUAGE ARE VALID UNLESS THEY ARE IN WRITING AND SIGNED BY THE EMPLOYER'S PRESIDENT. I UNDERSTAND THAT IF I AM EMPLOYED BY THIS FACILITY, MY EMPLOYMENT IS FOR AN INDEFINITE PERIOD OF TIME, IS SUBJECT TO CHANGE IN WAGES, CONDITIONS, BENEFITS, AND OPERATING POLICIES, AND CAN BE TERMINATED AT THE WILL OF EITHER MY EMPLOYER OR ME AT ANY TIME.

PLEASE NOTE THAT PRIOR TO EMPLOYMENT, THIS FACILITY MAY PERFORM A CRIMINAL CONVICTION CHECK ON UNLICENSED PERSONNEL, AND IS PROHIBITED FROM PERMANENTLY EMPLOYING ANY PERSON WHOSE RECORD REVEALS CERTAIN PAST CRIMINAL CONVICTION.

Signature

Date

We are an Equal Opportunity Employer

Revised 11-1-01

The following information is collected to complete Equal Opportunity Reports required by law. You are **NOT LEGALLY OBLIGATED** to provide this information.

Racial/Ethnic Groups

White Asian/Pacific Islander Black (African American)

American Indian Hispanic Alaskan Native Other

Date of Birth _____ Sex: Male Female