



Application for Employment

WE ARE AN EQUAL OPPORTUNITY EMPLOYER. WE EMPLOY, TRAIN, COMPENSATE, AND PROMOTE WITHOUT REGARD TO RACE, RELIGION, CREED, COLOR, NATIONAL ORIGIN, GENDER, AGE, DISABILITY, SEXUAL ORIENTATION, MARITAL STATUS, VETERAN STATUS, GENETIC INFORMATION OR ANY OTHER BASIS PROTECTED BY APPLICABLE FEDERAL, STATE, OR LOCAL LAW.

Please Print in Ink

Name, Social Security Number, Mailing Address, City, State, Zip Code, Email Address, Telephone Number (include area code) Home and Cell, Telephone Number (include area code) Work, Home, Cell

How were you referred to Specialists Hospital Shreveport? Advertisement, Agency, Employee, Walk-in, Other, Source of Advertisement, Agency Name, Referring Employee's Name, If other, please specify

Position Applied For, Pay Desired, Pay Type

Are you 18 years of age or older?, Are you authorized to work in the U.S?, Do you have any relatives employed by Specialists Health System?

Do you possess a legal and current driver's license?, (If your position involves possible use of company owned motor vehicles on or off site, you will be subject to annual MVR inquiries.)

Were you previously employed by Specialists Hospital or any of the associated clinics or physicians?

Education

Table with 6 columns: School Name, Address, Phone Number, Did You Graduate?, If yes, include graduation date, If no, include expected completion date, Degree Received, Major. Rows include High School/GED, College, Graduate School, Trade School/Other.

Skills and Qualifications: Please list any certifications, credentials, training, affiliations, and awards which are relevant to the job-skills of the position for which you are applying.

Are you willing to travel? Frequency: 10%, 25%, 50%, over 50%

Availability to work: Full Time, Part Time, Shift Work, Temporary

Employment History (Start with present or last job)

Enter FROM/TO in mm/yyyy format

(NOTE: Please complete ALL sections in FULL (Do not attach resume in lieu of completing this section.)

Employer Name and Address

From (mm/yyyy)	Title	Supervisor	Telephone Number	Starting Salary
To (mm/yyyy)	List Duties		Reason For Leaving	Ending Salary

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To (mm/yyyy)	List Duties		Reason For Leaving	Ending Salary

May we contact your present employer? Yes No**Professional References** Please list names, job title and telephone numbers (Do not include relatives, minors, etc.).

1.
2.
3.

Applicant's Statement

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I understand that any falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons and corporations requesting or supplying such information. In the event that I am offered a position, I further authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the job for which I am being considered.

I hereby agree to submit to any lawful drug or background screening that may be required as a condition of employment or continued employment. I understand that all offers of employment are conditional upon the successful completion of the testing and screening procedures and that refusal to submit to such testing during the course of my employment may result in disciplinary action, up to and including discharge.

I understand and agree that my employment and compensation are terminable at- will either at my option or at the option of the company, that I am not being employed for any specified time, and that this application is not intended to be a contract for continued employment.

Applicant's Signature

Date

Human Resources use only

Start Date:	Start Wage:	CPSI #:	
EEO Applicant Flow Log <input type="checkbox"/> Resume <input type="checkbox"/>	I-9/E-Verify Requirements met <input type="checkbox"/> 2 Forms of Identification <input type="checkbox"/>	Drug Test Completed <input type="checkbox"/> Medical Testing Completed <input type="checkbox"/> TB Test Completed <input type="checkbox"/>	Background Check Completed <input type="checkbox"/>



Employment Application Self-Identification Form

The following information is being requested for Government reporting purposes only. The information that you supply will not be used in our selection decision. Your submission of this information is optional. Failure to provide the information will not be used against you.

Date _____ Name _____

Position Applied For: _____ Requisition # _____

Referral Source: _____

Gender

Female

Male

Ethnicity:

Are you Hispanic or Latino?

No, I am not Hispanic or Latino.

Yes, I am Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

Race- IMPORTANT - Only complete this section if you checked "No, I am not Hispanic or Latino" in the Ethnicity section above:

White

Black or African American

American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander

Asian

Two or More Races (Not Hispanic or Latino)

Veteran Status- (If you are a Protected Veteran, please check the box that applies to you and include your discharge date.)

Other Protected Veteran

Disabled Veterans

Armed Forces Service Medal Veteran

Recently Separated Veteran

Date of Discharge _____

Definitions:

Disabled Veteran – a veteran of the US military, ground, naval or air service who is entitled to compensation under laws administered by the Secretary of Veteran Affairs, or a person who was discharged or released from active duty because of a service-related disability.

Other Protected Veteran - Disabled veterans, recently separated veterans (veterans within 3 years of their discharge or release from active duty), veterans who served on active duty in the U.S. military during a war or in a campaign or expedition for which a campaign badge is awarded.

Recently Separated Veteran – any Veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.

Armed Forces Service Medal – any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino) - 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.

American Indian or Alaska Native (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino) - All persons who identify with more than one of the above races.