



Application for Employment
Equal Opportunity Employer

Post Office Box 2780 - Jena, Louisiana 71342-2780
318.992.9200 - www.lasallegeneralhospital.com

Position of Interest _____ Date of application _____

Name _____ Social Security No. _____

Address _____

Phone _____ Cell _____ Email _____

Date you are available for work _____ Referred by _____

EDUCATION

High School _____ Years Attended _____ Graduated? _____

College _____ Years Attended _____ Graduated? _____

Other _____ Years Attended _____ Graduated? _____

Military Service _____ Years & Rank _____

Skills / Training / Licenses / Certificates that would be of particular benefit in this position _____

EMPLOYMENT HISTORY – current employer first

Company Name _____ Phone _____

Address _____ Supervisor's Name _____

Position _____ Ending Salary _____ Reason for Leaving _____

Dates Worked (month/year) from ___/___/___ to ___/___/___ May we contact? Yes ___ No ___

Company Name _____ Phone _____

Address _____ Supervisor's Name _____

Position _____ Ending Salary _____ Reason for Leaving _____

Dates Worked (month/year) from ___/___/___ to ___/___/___ May we contact? Yes ___ No ___



Company Name _____ Phone _____

Address _____ Supervisor's Name _____

Position _____ Ending Salary _____ Reason for Leaving _____

Dates Worked (month/year) from ___/___/___ to ___/___/___ May we contact? Yes ___ No ___

REFERENCES

Name _____ Phone _____ Relation _____

Name _____ Phone _____ Relation _____

Name _____ Phone _____ Relation _____

APPLICANT STATEMENT

I certify that the information I have provided in order to apply for and secure work with LaSalle General Hospital is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1)cancel further consideration of this application, or (2)discharge me from LGH service, whenever it is discovered.

I expressly authorize LaSalle General Hospital to contact and obtain information from all references, employers, public agencies, licensing authorities and educational institutions to verify accuracy of the information provided in the application, resume' and job interview, unless otherwise stated above.

I understand that if I am hired by LaSalle General Hospital, I am free to resign at any time, with or without prior notice, and LGH reserves the same right to terminate my employment at any time, with or without cause and without prior notice. I further understand that this application does not constitute an agreement or contract for employment.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigrations laws require me to complete an I-9 form in this regard.

I certify that I have read, fully understand and accept all terms of the foregoing APPLICANT STATEMENT.

Applicant Signature _____ Date ___/___/___

