

## EMPLOYMENT (ATTACH RESUME)

### Rapides Primary Health Care Center EMPLOYMENT APPLICATION

*Please Print*

**PERSONAL INFORMATION:**

Date \_\_\_\_\_

Name: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Present Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

**EMPLOYMENT DESIRED**

Position applying for: \_\_\_\_\_

Are you applying for:

Regular full-time work?  Yes  No Regular part-time work? Yes  No

Temporary work, e.g. summer or holiday work? Yes  No

What days and hours are you available for work? \_\_\_\_\_

If applying for temporary work, during what period of time will you be available?

From: \_\_\_\_\_

Are you available for work on weekends? Yes  No

Would you be available to work overtime, if necessary? Yes  No

If hired, on what date can you start work? \_\_\_\_\_

Salary desired: \_\_\_\_\_

Are you currently employed? Yes  No  May we contact your current employer? Yes  No

Are you legally able to work in this country? Yes  No

(Proof of citizenship or immigration status will be required upon employment)

## EMPLOYMENT APPLICATION (continued)

Who referred you to this company?

Employment Agency  Newspaper advertising  Friend  State Employment Office

College Placement Service  Walk-In  Other: \_\_\_\_\_

### EDUCATION, TRAINING AND EXPERIENCE

School	Name and Address	#of Years	Did You	Degree or
		Completed	Graduate?	Diploma
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vocational/Business			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Healthcare			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Many of our patients/clients do not speak English. Do you speak, write or understand any foreign languages? Yes  No

If yes, which language(s)

\_\_\_\_\_

Do you have any other experience, training, qualifications or skills which you believe make you especially suited for work at this company? If so, please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Answer the following questions if you are applying for a professional position.

Are you licensed/certified for the job applied for?  Yes  No

Name of license/certification: \_\_\_\_\_ Date of Certification \_\_\_\_\_ Expires \_\_\_\_\_

Issuing state: \_\_\_\_\_ License/certification number: \_\_\_\_\_

**EMPLOYMENT APPLICATION (continued)**

Has your license/certification ever been revoked or suspended?  Yes  No

If yes, state reason(s), date of revocation or suspension and date of reinstatement:

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**FORMER EMPLOYERS**

Present Or Last Position:

Name of Employer:

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Address:

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Type of

Business:

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Telephone #

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Supervisor's Name:

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Your Position and Duties:

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Date of Employment:

From:

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To:

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Weekly Pay:

Starting

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Ending:

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Reason for Leaving:

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EMPLOYMENT APPLICATION (continued)

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Telephone # \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Your Position and Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Weekly Pay: Starting \_\_\_\_\_ Ending: \_\_\_\_\_

Reason for Leaving:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Note: Attach additional page(s) if necessary.**

REFERENCES

Below give the names of three persons you are not related to, whom you have known at least one year.

Name	Address	Business	Years Acquainted
1.			
2.			
3.			

SERVICE RECORD

EMPLOYMENT APPLICATION (continued)

Branch of Service:

\_\_\_\_\_

Discharge Date: \_\_\_\_\_ Rank: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you been convicted of a felony within the last 5 years?  Yes  No

If "Yes" explain (this will not necessarily exclude you from consideration)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN BELOW

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Rapides Primary Health Care Center**  
**1217 Willow Glen River Rd.**  
**Alexandria, LA 71302**  
**Office: 318-487-4400**  
**Fax: 318-487-0525**

## BACKGROUND CHECK

Name:(Print) \_\_\_\_\_  
Last First Middle (Full)

Male  Female  (If female, please list Maiden Name) \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Ethnic Origin: \_\_\_\_\_

Current Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State of Issuance: \_\_\_\_\_

I, \_\_\_\_\_ hereby authorize Rapides Primary Health Care Center to conduct a background check to be used for employment purposes. I understand that this background check could include criminal records history as well as employment history. I authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. I hereby authorize former employers, schools, police departments, financial institutions or other persons having personal knowledge of me, to furnish bearer with any and all information in their possession regarding me in connection with an application for employment. This authorization shall be valid in original, fax, or copy form.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

