



2408 Broadmoor Boulevard ♦ Monroe, LA 71201 ♦ (318) 410-0002 ♦ Fax (318) 410-1960

EQUAL OPPORTUNITY EMPLOYER

Monroe Surgical Hospital policy prohibits discrimination based on race, color, religion, sex, national origin, physical handicap, age, or any other characteristic protected under federal, Louisiana and local law. Employment is contingent upon results of drug screen and background check.

Position applying for: _____
How did you learn about our company? _____
Available start date _____ Availability: FT / PT
What hours and days can you work? _____
Desired pay range: _____

Contact Information

Name _____
First Middle Last

Did you attend school under a different name or have you ever worked under a different name? _____ Yes _____ No
If yes, please provide name(s) _____

Address _____
Street City State Zip Code

Email Address _____

Home Phone () _____ Cell Phone () _____

Education and Training

	Name/Location	Graduate? Y / N	Degree/Major
High School			
College			
Other Training			

Licenses and Certifications

Type	License Number	Issued By	Date Issued	Date Expires

Work History

Describe your work experience, beginning with your current or most recent job. Provide at least 10 years' work history. Include military service and self-employment.

1. *Name of Present or Last*

Employer _____
 Job Title _____ FT _____ PT
 Address _____
 Phone _____ Supervisor _____
 From (Month/Year) ____/____/____ to ____/____/____
 Salary _____ Number of Employees Supervised _____
 May we contact this employer? _____ Yes _____ No
 Job Duties (give details): _____

 Reason for Leaving _____

2. *Your Next Most Recent*

Employer _____
 Job Title _____ FT _____ PT
 Address _____
 Phone _____ Supervisor _____
 From (Month/Year) ____/____/____ to ____/____/____
 Salary _____ Number of Employees Supervised _____
 May we contact this employer? _____ Yes _____ No

Job Duties (give details): _____

Reason for Leaving _____

3. *Your Next Most Recent*

Employer _____

Job Title _____ FT PT

Address _____

Phone _____ Supervisor _____

From (Month/Year) _____/_____ to _____/_____

Salary _____ Number of Employees Supervised _____

May we contact this employer? Yes No

Job Duties (give details): _____

Reason for Leaving _____

4. *Your Next Most Recent*

Employer _____

Job Title _____ FT PT

Address _____

Phone _____ Supervisor _____

From (Month/Year) _____/_____ to _____/_____

Salary _____ Number of Employees Supervised _____

May we contact this employer? Yes No

Job Duties (give details): _____

Reason for Leaving _____

Attach additional sheets if necessary.

Other Personal Information

1. Have you ever been on probation or sentenced to jail/prison as a result of a felony conviction or guilty plea to a felony charge? Yes No
If yes, provide explanation _____
2. Have you ever been discharged for any reason from any job? Yes No
If yes, provide explanation _____
3. Are there specific times that you cannot work? Yes No
If yes, provide information _____
4. Are you related to anyone working here? Yes No
If yes, provide information _____

Answering "yes" to any of the above questions does not automatically disqualify you for employment.

Consent, Certification and Acknowledgment

I consent to the release of information concerning any and all aspects of my work performance, capacity and ability by former and current employers, educational institutions, law enforcement agencies, investigators, and other individuals and agencies to authorized employees or representatives of Monroe Surgical Hospital for the purpose of determining my eligibility and suitability for employment with Monroe Surgical Hospital. In connection herewith, I agree to assist Monroe Surgical Hospital, as needed, with obtaining any of the described information. I also waive any claim that I have or could have against Monroe Surgical Hospital in connection with the utilization of any information gathered for the purpose of making employment decisions.

I certify that all statements made on this application and any attached papers are true and complete to the best of my knowledge. I understand that the information on this application may be subject to investigation and verification and that any misrepresentation or material omission may cause my application to be rejected or result in termination of employment should I be hired.

I acknowledge that Monroe Surgical Hospital is an "At-Will" employer. Any offer or acceptance of employment may be withdrawn at any time, with or without cause, and with or without prior notice at the option of Monroe Surgical Hospital or myself. I understand that neither this application nor any commitment of employment by Monroe Surgical Hospital constitutes a contract of employment or a promise of employment for any definite period of time. For an employment contract to exist, such an agreement would have to be in writing and executed by Monroe Surgical Hospital's CEO or designee and the employee.

I certify that I have not been and I am not currently excluded, debarred, or otherwise ineligible to participate in any federal or state health care programs, nor have I been convicted of any type of criminal offense related to the provision of health care items or services. As a condition of my employment, I agree to immediately disclose any proposed or actual suspension, exclusion, or sanction from any health care program funded in whole or in part by the federal government or any state government, including Medicare or Medicaid, to the MSH CEO and/or Human Resources Director. I further attest that I am aware I am required to immediately disclose any criminal charge or conviction against me relating to Medicare, Medicaid, or any other federal or state health care program, as well as any other charge involving the delivery of healthcare items or service.

I acknowledge that I have read, understand, and agree to the provisions set forth above.

Signature_____

Date_____