



## **APPLICATION FOR EMPLOYMENT**

LAKE SURGICAL HOSPITAL SLIDELL, LLC  
1700 LINDBERG DRIVE  
SLIDELL, LOUISIANA 70458  
985-641-0600 PHONE  
985-643-7677 FAX

Human Resources  
985-661-2109 PHONE  
985-661-2152 FAX  
kbonilla@ololsh.com

**PLEASE FAX OR EMAIL COMPLETED APPLICATION TO HUMAN RESOURCES**

# LAKE SURGICAL HOSPITAL

## APPLICATION FOR EMPLOYMENT

**Please note...** You must fill out your own application. All applicable questions must be answered for this application to be considered. This application will remain current for 6 months from the signature date. To be considered after that time you must complete a new application. Please print.

We are an equal opportunity employer and do not unlawfully discriminate in employment. Applicants will be selected for employment solely on the basis of their qualifications for a given position, and without regard to race, national origin, religion, sex, age, and/or disability. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of Lake Surgical Hospital.

Position(s) Applied for		Date of Application	
Print Name (Last, First, & Middle)			
Street Address		City	State
Main Phone Number	Alternate Phone Number	Email	
Please List Other Names Used in the Past			
Days/Hours Available to Work		Minimum Salary Requirement	
Type of Employment Desired	Full Time	Part Time	PRN
On what date are you available to begin work?			
If hired, would you have a reliable means of transportation to and from work?			
Do you have any friends or relatives working at this facility? If yes, whom and what is the relationship?			
Have you been previously employed by our organization? If yes, when and in which department?			
Can you submit proof of U.S. citizenship and/or the legal right to work in the United States?			
Have you ever been convicted of a felony? If yes, please explain (a conviction will not automatically bar employment).			
How were you referred to us?			

**EMPLOYMENT EXPERIENCE**

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time. If self-employed, give firm name and supply business references.

Name of Employer		Supervisor Name/Title		May we contact?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		Main Phone Number / Supervisor Phone Number			
Dates Employed (Month/Year)		Pay Rate			
From	To	Starting Amount:	Final Amount:		
Job Title and Duties		Reason for Leaving			

Name of Employer		Supervisor Name/Title		May we contact?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		Main Phone Number / Supervisor Phone Number			
Dates Employed (Month/Year)		Pay Rate			
From	To	Starting Amount:	Final Amount:		
Job Title and Duties		Reason for Leaving			

Name of Employer		Supervisor Name/Title		May we contact?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		Main Phone Number / Supervisor Phone Number			
Dates Employed (Month/Year)		Pay Rate			
From	To	Starting Amount:	Final Amount:		
Job Title and Duties		Reason for Leaving			

Please explain any gaps in your employment history:

Have you ever been involuntarily terminated or asked to resign from any job...  Yes  No

If yes, please explain

Please list any other experience, job related skills, additional languages, or other qualifications that you believe should be considered in evaluating your qualifications for employment.

**If your profession requires current licensure, registration, or certification, please indicate:**

Type	Number	State	Expiration Date

**Departmental Experience (if applying for RN position, please circle all areas that apply).**

Acute Care/Hospital	OR/Surgery	Pain Management	Pediatrics
Bariatrics	Med/Surg	Orthopedic	ICU
Other:			

**Education: Please describe your educational background in the table provided below.**

	School Name	Years Completed	Did you graduate?	Diploma or Degree Earned	Course of Study/Major	Specialized Training, Skills, or Extra-Curricular Activities
High School						
College/ University						
Graduate/ Professional School						
Other						

**BUSINESS AND PROFESSIONAL REFERENCES**

Please list three professional references of individuals who are **not** related to you.

Name and Title	Relationship	Phone Number or Email

**APPLICANT STATEMENT AND AGREEMENT**

Please read and initial each paragraph below. If there is anything that you do not understand, please ask.

\_\_\_\_\_ 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 prior employers and references I have listed to disclose to the Company any 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.

\_\_\_\_\_ In the event of my employment with the Company, I understand that I am required to comply with all rules and regulations of the Company.

\_\_\_\_\_ If hired, I understand and agree that my employment with the Company is at-will, and that neither I, nor the Company is required to continue the employment relationship for any specific term. I further understand that the Company or I may terminate the employment relationship at any time, with or without cause, and with or without notice. I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by any oral modifications.

\_\_\_\_\_ I understand that safety of employees is extremely important to the Company and that the Company is committed to ensuring a safe working environment. I understand that I, and every employee, have a responsibility to prevent accidents and injuries by observing all safety procedures and guidelines and following the directions of my supervisor. I understand and agree to comply with federal, state, and local regulations related to on-the-job safety and health.

\_\_\_\_\_ I hereby certify 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. 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 understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard.

\_\_\_\_\_ I understand that although I may be employed for a particular position and shift, it may be necessary to accept different assignments, work schedules, or working hours. Additionally, I acknowledge the requirement to conduct myself in a manner consistent with the mission of this organization.

**MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTAND, AGREE TO ALL OF THE ABOVE TERMS, AND I SEEK EMPLOYMENT UNDER THESE CONDITIONS.**

Signature: \_\_\_\_\_ Name (print): \_\_\_\_\_ Date: \_\_\_\_\_