

# Application FOR Employment

## Heart Hospital of Lafayette

1105 Kalliste Saloom Road  
Lafayette, LA 70508  
(337)-521-1000

*An Equal Opportunity Employer*

All applicants must complete this application form in full. **Please Print Clearly.**  
This application is void after one year; the applicant must re-apply after that time.

Heart Hospital of Lafayette does not discriminate in hiring or employment on the basis of race, color, creed, age, religion, sex, national origin, citizenship, marital status, application with or service in the military, disability, or any other legally protected characteristic under applicable federal or state laws. No Questions on this application are intended to secure information to be used for such discrimination. The Hospital prohibits harassment in the work place. The use of this form does not mean that positions are open and does not obligate the Hospital to provide employment or consideration for employment.

### Employment Desired

Position applied for \_\_\_\_\_ Date \_\_\_\_\_  
 Other position(s) you would consider \_\_\_\_\_  
 Type of employment desired:  full-time  part-time  PRN/Per Diem  volunteer  other  
 Date you can begin work \_\_\_\_\_ Salary expected \$ \_\_\_\_\_ Available for travel \_\_\_\_\_ %  
 Days/hours available to work:  
 any time, any day  Mon \_\_\_\_\_  Tues \_\_\_\_\_  Wed \_\_\_\_\_  Thurs \_\_\_\_\_  Fri \_\_\_\_\_  Sat \_\_\_\_\_  Sun \_\_\_\_\_  
 How many hours can you work each week? \_\_\_\_\_ Can you work nights?  Yes  No Can you work shifts?  Yes  No  
 Are you legally eligible to work in the United States?  Yes  No

### Referral Source

advertisement  employee  relative  employment agency  walk-in  trade fair  other  
 Name of Source \_\_\_\_\_

### Personal Information

Last Name	First Name	M.I.	Home Telephone No. ( )	Social Security No.	
Current Home Street Address	City	State	Zip Code	County	Years at Current Address
Prior Home Street Address (if in current address under two years)	City	State	Zip Code	County	Years at Prior Address

Personal e-mail address \_\_\_\_\_  
 May we contact you at work?  Yes  No If yes, please provide the telephone number (include area code) \_\_\_\_\_  
 Are you 18 years of age or older?  Yes  No Other last name(s) you used while working \_\_\_\_\_  
 Have you ever applied to Heart Hospital of Lafayette or a MedCath Subsidiary?  Yes  No If so, where and when? \_\_\_\_\_  
 Have you ever been employed by Heart Hospital of Lafayette or a MedCath Subsidiary?  Yes  No  
 If so, where and when? \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Do you have any relatives working at Heart Hospital of Lafayette or a MedCath subsidiary?  Yes  No  
 If so, where and when? \_\_\_\_\_ Supervisor \_\_\_\_\_  
 List any foreign language(s) skills and describe your skill level (read, write, speak), if relevant to the position for which you are applying \_\_\_\_\_

### Criminal Background Information

Have you ever been convicted, entered a pleas of no contest, or entered into deferred prosecution for any offense (including alcohol-and drug-related offenses)?  
 Yes  No (Note: Expunged or sealed records do not need to be disclosed for use in Colorado, Massachusetts, Ohio, or Virginia)  
 Have you ever received a civil sanction or entered into a civil settlement agreement concerning any false billing of or delivery of health care services?  
 Yes  No (Note: Expunged or sealed records do not need to be disclosed for use in Colorado, Massachusetts, Ohio, or Virginia)  
 If yes, please provide a description of the nature of the offense(s) and the penalty or sanction imposed, the number of conviction(s), plea(s), deferred prosecution(s), the sentence(s) or community service imposed. This information will be considered together with the position sought, work environment, and other work-related factors in the hiring decision.

# Employment History

Begin with most recent employer; please complete all information; do not refer to resume; a minimum of the past four years of prior work history, if applicable, must be detailed on the application --- attach a separate sheet if necessary.

1.

Employer's Name		Type of Business		Employed from (mo./yr.)		To (mo./yr.)	
Employer's Street Address			City	State	Zip Code	Telephone Number ( )	
Starting Position		Dept.	Base Pay Rate \$		<input type="checkbox"/> Annual	<input type="checkbox"/> Hourly	
Final Position		Dept.	Base Pay Rate \$		<input type="checkbox"/> Annual	<input type="checkbox"/> Hourly	
				<input type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> PRN	
Supervisor's name and title _____							
Main duties performed _____							
Reason(s) for leaving _____							
If presently employed, may we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				Charge nurse exp. <input type="checkbox"/> Yes <input type="checkbox"/> No		Related exp. <input type="checkbox"/> _____ (HR use only)	

2.

Employer's Name		Type of Business		Employed from (mo./yr.)		To (mo./yr.)	
Employer's Street Address			City	State	Zip Code	Telephone Number ( )	
Starting Position		Dept.	Base Pay Rate \$		<input type="checkbox"/> Annual	<input type="checkbox"/> Hourly	
Final Position		Dept.	Base Pay Rate \$		<input type="checkbox"/> Annual	<input type="checkbox"/> Hourly	
				<input type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> PRN	
Supervisor's name and title _____							
Main duties performed _____							
Reason(s) for leaving _____							
If presently employed, may we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				Charge nurse exp. <input type="checkbox"/> Yes <input type="checkbox"/> No		Related exp. <input type="checkbox"/> _____ (HR use only)	

3.

Employer's Name		Type of Business		Employed from (mo./yr.)		To (mo./yr.)	
Employer's Street Address			City	State	Zip Code	Telephone Number ( )	
Starting Position		Dept.	Base Pay Rate \$		<input type="checkbox"/> Annual	<input type="checkbox"/> Hourly	
Final Position		Dept.	Base Pay Rate \$		<input type="checkbox"/> Annual	<input type="checkbox"/> Hourly	
				<input type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> PRN	
Supervisor's name and title _____							
Main duties performed _____							
Reason(s) for leaving _____							
If presently employed, may we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				Charge nurse exp. <input type="checkbox"/> Yes <input type="checkbox"/> No		Related exp. <input type="checkbox"/> _____ (HR use only)	

4.

Employer's Name		Type of Business		Employed from (mo./yr.)		To (mo./yr.)	
Employer's Street Address			City	State	Zip Code	Telephone Number ( )	
Starting Position		Dept.	Base Pay Rate \$		<input type="checkbox"/> Annual	<input type="checkbox"/> Hourly	
Final Position		Dept.	Base Pay Rate \$		<input type="checkbox"/> Annual	<input type="checkbox"/> Hourly	
				<input type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> PRN	
Supervisor's name and title _____							
Main duties performed _____							
Reason(s) for leaving _____							
If presently employed, may we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				Charge nurse exp. <input type="checkbox"/> Yes <input type="checkbox"/> No		Related exp. <input type="checkbox"/> _____ (HR use only)	

## Education and Accomplishments

	Name of Institution	City/State	Completed	Diploma, Degree, or Certificate
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name Graduated Under:				
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name Graduated Under:				
Graduate School, Business School, or Other School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name Graduated Under:				

## License, Certificate, and Registration

If you are applying for a position that requires a license, certification, and/or registration, are you currently licensed and in good standing?

Yes  No  N/A

	Type	Number	State	Expiration Date
License				
Certification				
Registration				
Other				

Has your professional license ever been suspended or revoked in any state?  Yes  No If yes, please attach an explanation

Non-Clinical Licenses: \_\_\_\_\_

List any special accomplishments, publications, awards, certifications, or courses taken or training received relevant to the position for which you are applying (you are not required to list information that would reveal sex, race, religion, national origin, age, ancestry, disability, or other protected status)

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List any other information you would like us to consider \_\_\_\_\_

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## Please Read Carefully Before Signing This Application

Thank you for completing this application and for your interest in our Hospital. We would like to assure you that your opportunity for employment with us will be based on merit and other nondiscriminatory business considerations.

By signing this application, you are certifying that the facts set forth are true and complete. You are also certifying that you understand that any misrepresentation, false statement, or omission of fact from this application form may result in your not being considered for employment or, if employed, immediate termination at any time. You are also authorizing investigation of all statements contained in this application and full disclosure of your present and prior work record. You understand that employment with Heart Hospital of Lafayette may require a pre-employment drug testing by our designated representative. Any applicant who declines to consent or be tested, or who produces a positive test result for the illegal use of drugs, will not be further considered for employment. Proof of citizenship or immigration status will also be required within three days of date of hire.

I do hereby authorize Heart Hospital of Lafayette, its successors, assigns, affiliates, subsidiaries and their employees ("the Hospital"), as part of the procedure for processing my application for employment, to conduct an investigation into my background including my credit background, criminal conviction background, references, character, past employment, work habits, education, general reputation, personal characteristics, mode of living, civil judgments, liens, and other personal information about me consistent with state and federal law. I further understand and agree that if my application for employment is granted, the Hospital may obtain additional personal information concerning me as set for the above through subsequent background investigations, without further notification given by me.

I do hereby authorize any of my prior employers, schools, law enforcement agencies, departments of motor vehicles, licensing boards, professional disclosure bodies, financial institutions, or any other state or federal agencies and other persons and entities, to provide personal information concerning me to the Hospital that is on record or otherwise.

I hereby release the Hospital, and all of my prior employers, schools, law enforcement agencies, departments of motor vehicles, licensing boards, professional disclosure bodies, financial institutions, all other state and federal agencies and other persons and entities, from any and all liability for any damages whatsoever incurred by me in furnishing such information to the Hospital. I further release all of my prior employers, schools, law enforcement agencies, departments of motor vehicles, licensing boards, professional disclosure bodies, financial institutions, state and federal agencies and other persons, from any obligation to provide me with written notification of disclosure hereunder. I understand that disclosure may include a record disciplinary action assessed by a prior employer or school, criminal convictions, and suspensions of my driving privileges, licenses and/or other certifications held or previously held by me.

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of any personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Hospital practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Hospital or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and the relationship cannot be altered except by a written instrument signed by the President of the Hospital. Both the undersigned and the Hospital may end the employment relationship at any time without specified notice or reason; however, failure of the undersigned to provide notice may result in the forfeiture of certain benefits. If employed, I understand that the Hospital may unilaterally change or revise benefits, policies, procedures, job descriptions, and work schedules at any time.

To be considered for employment, I understand that I must be able to perform the essential functions of the position with or without reasonable accommodation.

I also understand that

1. the Hospital has a Drug and Alcohol Policy that provides for pre-employment testing as well as testing during employment;
2. the policy may include testing for cause, post-accident testing, and testing following leaves of absence;
3. consent to and compliance with all provisions of the Policy is a condition of my employment; and,
4. continued employment is based on the successful passing of any testing under this policy.

I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I have read and understand this agreement.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Heart Hospital of Lafayette is a drug and smoke free work environment.

<i>FOR INTERNAL USE ONLY</i>			
Related Experience: _____	LPN/LVN Experience: _____		
Applicant # _____	Forwarded to: _____		
Interviewed: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when scheduled: _____		
Remarks: _____			
Reference #1		Reference #2	
Education Verification Faxed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Education Verification Received: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Licensure Verification: <input type="checkbox"/> Yes <input type="checkbox"/> No	Police/OIG Check Results Received: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Police/OIG Check Ordered: <input type="checkbox"/> Yes <input type="checkbox"/> No	Results Received: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Drug Test <input type="checkbox"/> Yes <input type="checkbox"/> No	Consent Signed: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employee Physical: <input type="checkbox"/> Yes <input type="checkbox"/> No	Results Received: <input type="checkbox"/> Yes <input type="checkbox"/> No		



## Disclosure and Consent to Request Consumer Report Information

I understand that as part of the employment procedure, the Company may request a consumer report and/or a credit report from a consumer reporting agency at any time. The consumer reporting agency's investigation may include obtaining information about my credit, criminal, academic or motor vehicle records background consistent with federal and state law.

I also understand that before I am denied employment based, in whole or part, on information contained in the report, I will be provided a copy of the report and a description in writing of my rights under the Fair Credit Reporting Act. I further understand that if I disagree with the accuracy of any information in the report, I must notify the Company within two days of my receipt of the report to inform the Company that I am challenging information in the report. The company will not make a final decision on my employment status until after I have had a reasonable opportunity to address the information contained in the report.

**Please include the past seven years of addresses; you may write on the back if necessary.**

Your Last Name, First Name, M.I. (please print)		Social Security No.	Date of Birth (For Consumer Report Information Only)
Other Last Name(s) You Used While Working			
Your Current Home Address		County	Years at Current Address
City		State	Zip Code
<b>1. Your Prior Home Address</b>		County	Years at Current Address
City		State	Zip Code
<b>2. Your Prior Home Address</b>		County	Years at Current Address
City		State	Zip Code
<b>3. Your Prior Home Address</b>		County	Years at Current Address
City		State	Zip Code

### Education

	Name of Institution	City/State	Completed	Diploma	Date Completed (for education verification purposes only)
High School/GED (Please specify if GED)			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Name Graduated Under:					
College			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Name Graduated Under:					
Graduate School, Business School, or Other School			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Name Graduated Under:					

I hereby authorize the Company to procure a consumer report on my criminal background only.

Signature	Date
* I hereby authorize the Company to procure a credit report and consumer report on my criminal background.	
Signature	Date

\* Required for the following positions: Accounting Clerk, Business Office Clerk, Cashier, Day Patient Registration Clerk, ER Registration Clerk, Financial Accountant, Financial Analyst, Financial Accounting Assistant, Patient Account Specialist, President, Team Leader Accounting, Team Leader Business Office, Chief Financial Officer, Lead Patient Registration Specialist.



# Applicant References

*(Professional References Only)*

Applicant's Name \_\_\_\_\_ Date \_\_\_\_\_

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Reference Name \_\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_

Relationship to Applicant:  Supervisor  Co-worker  Other: \_\_\_\_\_  
*(Family and Friends are not considered Professional References.)*

Organization: \_\_\_\_\_ Dept: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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Reference Name \_\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_

Relationship to Applicant:  Supervisor  Co-worker  Other: \_\_\_\_\_  
*(Family and Friends are not considered Professional References.)*

Organization: \_\_\_\_\_ Dept: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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Reference Name \_\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_

Relationship to Applicant:  Supervisor  Co-worker  Other: \_\_\_\_\_  
*(Family and Friends are not considered Professional References.)*

Organization: \_\_\_\_\_ Dept: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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Reference Name \_\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_

Relationship to Applicant:  Supervisor  Co-worker  Other: \_\_\_\_\_  
*(Family and Friends are not considered Professional References.)*

Organization: \_\_\_\_\_ Dept: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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Reference Name \_\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_

Relationship to Applicant:  Supervisor  Co-worker  Other: \_\_\_\_\_  
*(Family and Friends are not considered Professional References.)*

Organization: \_\_\_\_\_ Dept: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-Mail Address: \_\_\_\_\_



## Affirmative Action Voluntary Information

Applicant's Last Name	First Name	M.I.	
Position applied for (list specific position name)			

### Completion of the Information Below is Voluntary

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veterans/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

Any applicant who completes this form does so on a voluntary basis. This form is not for interview purposes. It will be filed separately from applications.

In an effort to comply with requirements regarding government recordkeeping, reporting, and other legal obligations which may apply, we invite you to complete this applicant data survey. **Providing this information is strictly voluntary.** Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please note that this survey is not part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

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#### Gender Information

- Male       Female

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#### Equal Employment Opportunity Identification Groups (please check one)

- |   |  |
|---|--|
| <input type="checkbox"/> White (not of Hispanic origin)                     | <input type="checkbox"/> American Indian/Alaskan Native            |
| <input type="checkbox"/> Black or African American (not of Hispanic origin) | <input type="checkbox"/> Asian                                     |
| <input type="checkbox"/> Hispanic or Latino                                 | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Two or more Races                                  |  |

