

Rehabilitation Hospital
of
Leesville

Rehabilitation Hospital
of
Rosepine

Rehabilitation Hospital
of
Beauregard

Weatherford
Rehabilitation Hospital



Application for Employment

Name: _____
(Last) (First) (Middle)

Position Applied For: _____

For Personnel Office Use

Hired: _____ For What Department: _____ Position: _____
Year
Salary: _____ per Month Starting Date: _____
Hour
Employee Number: _____ Badge Number: _____

To Be Completed By Employee After Employment

Date of Birth:

Maiden Name:

Person to Notify in Case of Emergency:

Relationship:

Address:

City:

State:

Area Code:

Telephone Number:

APPLICATION FOR EMPLOYMENT

EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

All persons should have the opportunity to be considered for employment without regard to their race, color, religion, national origin or ancestry, handicap or disability, sex, marital status, obligation to serve in the armed forces of the United States, citizenship, or any other characteristic protected by applicable federal or state law.

____/____/____
DATE

Name: _____ Social Security No.: _____
Address: _____ Telephone No.: (____) _____ AM
City: _____ State: _____ Zip Code: _____ Telephone No.: (____) _____ PM

Position(s) Applied For: _____ Salary Desired: _____

Are you Applying For: Full Time Part Time PRN

If seeking part time work, specify the number of days per week: _____

How soon are you available to begin employment? _____

Shift Preference (check one)	If preferred shift is unavailable, will you work?	If required, will you work?
Day: _____	Day: Yes _____ No _____	Saturday: Yes ___ No ___
Night: _____	Night: Yes _____ No _____	Sundays: Yes ___ No ___
		Holidays: Yes ___ No ___
		Shifts: Yes ___ No ___

Are you either a U.S. Citizen or an Alien who has the legal right to work in the job(s) for which you are applying?
Yes ___ No ___

Are you 18 or older? Yes ___ No ___

Have you ever been convicted of any felony other than a minor traffic violation? Yes ___ No ___

A criminal conviction will not necessarily be a bar to employment. To help us evaluate your application, please describe the nature of the crime and your subsequent rehabilitation: _____

Have you ever been disciplined for patient/resident abuse? Yes ___ No ___

Do you have relatives or friends employed at this company? Yes ___ No ___

Name: _____ Relationship: _____

Have you ever been employed by this company? Yes ___ No ___

If yes, dates, position, and department employed: _____

Have you ever applied at this company before? Yes ___ No ___ When: _____

How were you referred? Newspaper Ad ___ Friends/Relative ___ Job Fair ___ Employee _____

Rehire ___ Career Day ___ Other : _____

RECORD OF EDUCATION

School	Name and Address	Course of Study	Circle Last Year Completed	List Diploma, Degree(s) Obtained
High School			1 2 3 4	
College(s)			1 2 3 4	
			5 6 7 8	
Other				

LANGUAGE SKILLS: (OTHER THAN ENGLISH)

Please identify other languages that you speak including Sign Language: _____

Write: _____ Read: _____

Computers: Yes No

What Computer Equipment/Program(s) are you familiar with? _____

List business, hospital, or industrial equipment operated: _____

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS:

Type:	Number:	State Issued:	Date Issued:	Expiration:
Type:	Number:	State Issued:	Date Issued:	Expiration:

REFERENCES: (Please complete if only one or No employment references are listed. These include persons in academic, institutions, volunteer organizations, etc. **NOT** friends or relatives.)

Name	Address	Telephone No.	Relationship

REFERENCE VERIFICATION:

<input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> Mail	Date Mailed/Called: Date Mailed/Called: Date Mailed/Called:	By Whom: By Whom: By Whom:
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EMPLOYMENT HISTORY: (Beginning with your current or last employer, list the last four positions of employment held in date order).

Name of Employer:	Telephone Number:
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Address:	City:	State:	Zip:
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May this employer be contacted? Yes _____ No _____	Name and Title of Supervisor:
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Dates: From _____ To _____	Hours/Week:	Position Held:
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Starting Salary:	Ending Salary:	Reason for Leaving:
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Duties: _____

Name of Employer:	Telephone Number:
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Address:	City:	State:	Zip:
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May this employer be contacted? Yes _____ No _____	Name and Title of Supervisor:
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Dates: From _____ To _____	Hours/Week:	Position Held:
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Starting Salary:	Ending Salary:	Reason for Leaving:
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Duties: _____

Name of Employer:	Telephone Number:
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May this employer be contacted? Yes _____ No _____	Name and Title of Supervisor:
---	-------------------------------

Dates: From _____ To _____	Hours/Week:	Position Held:
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Starting Salary:	Ending Salary:	Reason for Leaving:
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Duties: _____

Name of Employer:	Telephone Number:
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May this employer be contacted? Yes _____ No _____	Name and Title of Supervisor:
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Dates: From _____ To _____	Hours/Week:	Position Held:
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Starting Salary:	Ending Salary:	Reason for Leaving:
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Duties: _____

Granting and continued employment is conditioned upon receipt of favorable references.

RECORD INFORMATION RELEASE

To Whom It May Concern:

I have applied to **Rehabilitation Hospital of Leesville, Rosepine, Beauregard and/or Weatherford** for employment. To enable said company to properly evaluate my qualifications, I request and authorize you to release and furnish to the aforementioned company any and all information in your records or files, or within your knowledge, concerning my present and/or past employment with you.

Signature of Applicant

Date

Printed Name of Applicant

Other name(s) while employed

Social Security Number

In consideration of my employment I agree to conform to the rules and regulations of **Rehabilitation Hospital of Leesville, Rosepine, Beauregard and/or Weatherford** or I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the aforementioned company or myself. I also understand and agree that the terms and conditions of my employment may be changed, without cause, and with or without notice, at any time by **Rehabilitation Hospital of Leesville, Rosepine, Beauregard and/or Weatherford**. I understand that no representative of **Rehabilitation Hospital of Leesville, Rosepine, Beauregard and/or Weatherford** other than its Administrator or Director has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I certify that I have read and understand the foregoing paragraphs. I further certify that all the information submitted by me on the application is true and complete to the best of my knowledge, and I understand that any false information, omissions, or misrepresentations of facts called for on this application may be cause for the denial of my application or, if I am employed, discharge at any time. As a condition of employment, I hereby consent to testing for drug and alcohol use, determined to be appropriate by management, either before being hired or at any time during my employment with **Rehabilitation Hospital of Leesville, Rosepine, Beauregard and/or Weatherford**.

I UNDERSTAND THAT FALSIFICATION OF ANY INFORMATION REGARDING PAST MEDICAL HISTORY MAY RESULT IN FORFEITURE OF WORKERS' COMPENSATION BENEFITS UNDER L.A. R.S. 23:1208.1 AND, FUTHERMORE, ANY DISIPLINARY ACTION UP TO AND INCLUDING DISMISSAL.

Date ____/____/____

Signature _____

PRIOR EMPLOYMENT CHECK FORM

Re: _____

Social Security No.: _____

To Whom It May Concern:

The applicant named above is being considered for employment as a _____ with **Rehabilitation Hospital of Leesville, Rosepine, Beauregard and/or Weatherford**. The applicant claims to have been employed by your company as a _____ from _____ to _____.

We would appreciate your recording below your experience with the applicant and returning this form to us in the enclosed self-addressed stamped envelope (Please see reverse)

Sincerely yours,

APPLICANT'S AUTHORIZATION

I hereby authorize the addressed individual, company, or institution to furnish **Rehabilitation Hospital of Leesville, Rosepine, Beauregard and/or Weatherford** with any information it may have concerning me which is on record or otherwise, and do hereby release the addressed individual, company, or institution and all individuals connected there with, including **Rehabilitation Hospital of Leesville, Rosepine, Beauregard and/or Weatherford**, from any and all liability or claims for damages whatsoever that may result from furnishing such information to **Rehabilitation Hospital of Leesville, Rosepine, Beauregard and/or Weatherford**.

_____/_____/_____
Date

Signed: _____

RECORD OF EMPLOYMENT

FROM	TO	POSITION	REASON FOR LEAVING				
_____	_____	_____	_____	_____	_____	_____	
			Excellent	Good	Average	Fair	Poor
Ability		_____	_____	_____	_____	_____	
Effort		_____	_____	_____	_____	_____	
Conduct		_____	_____	_____	_____	_____	
Knowledge		_____	_____	_____	_____	_____	
Production		_____	_____	_____	_____	_____	
Attitude		_____	_____	_____	_____	_____	
Attendance		_____	_____	_____	_____	_____	

Would you rehire? Yes _____ No _____

_____/_____/_____
Date

Signed _____

Title _____

COMMENTS

DISCLOSURE OF EMPLOYMENT RELATED INFORMATION:
PRESUMPTIONS: CAUSE OF ACTION: DEFINITIONS

A. Any employer that, upon request by a prospective employer or a current or former employee, provides accurate information about a current or former employee's job performance or reasons for separation, shall be immune from civil liability and other consequences of such disclosure provided such employer is not acting in bad faith. An employer shall be considered to be acting in bad faith only if it can be shown by a preponderance of the evidence that the information disclosed was knowingly false and deliberately misleading.

B. Any prospective employer who reasonably relies on information pertaining to an employee's job performance or reasons for separation, disclosed by a former employer, shall be immune from civil liability including liability for negligent hiring, negligent retention, and other causes of action related to the hiring of said employee, based upon such reasonable reliance, unless further investigation, including, but not limited to a criminal background check, is required by law.

C. As used in this Section, the following words and phrases shall have the meanings contained herein unless the context clearly requires otherwise:

(1) "Employer" means any person, firm or corporation, including the state and its political subdivisions, and their agents, that has one or more employees, or individuals performing services under any contract of hire or service, expressed or implied, oral or written.

(2) "Employee" means any person, paid or unpaid in the service of an employer.

(3) "Prospective employer" means any "employer", as defined herein, to which a prospective employee has made application, either oral or written, or forwarded a resume or other correspondence expressing an interest in employment.

(4) "Prospective employee" means any person who has made an application, either oral or written, or has sent a resume or other correspondence indicating an interest in employment.

(5) "Job performance" includes, but is not limited to, attendance, attitude, awards, demotions, duties, effort, evaluations, knowledge, skills, promotions, and disciplinary actions.

