

Application for Employment

SWLA Center for Health Services

2000 Opelousas Street

P.O. Box 19010

Lake Charles, LA 70616-9010

PLEASE PRINT

Equal access to programs, services and employment is available to all persons. Those applicants requiring accommodation to the application and/or interview process should contact a representative of the Personnel Department.

Position(s) applied for _____ Date of application ____/____/____

Name _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP CODE

Telephone (____) _____ Social Security Number _____

If you are under 18, can you furnish a work permit? ☐ Yes ☐ No

Have you ever been employed here before? ☐ Yes ☐ No

Are you related by blood or marriage to a Board member or Staff member? ☐ Yes ☐ No

Are you legally eligible for employment in this country? ☐ Yes ☐ No

Date available for work ____/____/____

Type of employment desired ☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Seasonal ☐ Educational Co-Op

Are you able to meet the attendance requirements of the position? ☐ Yes ☐ No

Have you been convicted of a crime in the last seven (7) years? ☐ Yes ☐ No

SUCH CONVICTION MAY BE RELEVANT IF JOB-RELATED, BUT DOES NOT BAR YOU FROM EMPLOYMENT

If yes, please explain _____

Driver's license number, if job-related _____ State _____

Employment History

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience

FROM	TO	EMPLOYER	TELEPHONE ()
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OR WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING		HOURLY RATE/SALARY START \$ _____ PER _____ FINAL \$ _____ PER _____	
FROM	TO	EMPLOYER	TELEPHONE ()
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OR WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING		HOURLY RATE/SALARY START \$ _____ PER _____ FINAL \$ _____ PER _____	
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IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OR WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING		HOURLY RATE/SALARY START \$ _____ PER _____ FINAL \$ _____ PER _____	

Skills and Qualifications

Summarize any training, skills, licenses, certificates and/or characteristics of yourself that may qualify you as being able to perform job-related functions for the position which you are applying.

Educational Background IF JOB-RELATED

NAME AND LOCATION	YEARS COMPLETED	DID YOU GRADUATE?		COURSE OF STUDY
HIGH SCHOOL				
COLLEGE		MAJOR	DEGREE	
OTHER				

References

NAME	TELEPHONE	YEARS KNOWN
	()	
	()	
	()	

It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer’s service if I have been employed.

I gave the employer the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability the employer and its representatives for seeking such information, and all other persons, corporations or organizations for furnishing such information.

The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application used for the purpose of limiting or excusing any applicant’s consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause or prior notice. I understand that no representative of the employer has the authority to make any assurance to the contrary.

I understand it is this company’s policy not to refuse to hire a qualified individual with a disability because of this person’s need for an accommodation that would be required by the ADA.

Signature of Applicant _____ Date ____/____/____