

Monroe Surgical Hospital

This application shall be active for six months and considered only for the position for which you applied.

EQUAL OPPORTUNITY EMPLOYER

Monroe Surgical Hospital policy prohibits discrimination in employment based on race, color, religion, sex, national origin, physical handicap, or age with respect to individuals who are at least 18 years of age.

Employment is contingent upon results of drug screen and background check.

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DATE OF APPLICATION: _____

Name: _____

Last

First

Middle

Maiden Name/Other Names Known By: _____

Address: _____

Street

(Apt)

City, State

Zip

Social Security Number: _____

Contact Information: () () _____

Home Telephone

Mobile

Email

How did you learn about our company? _____

Position Sought: _____

Available Start Date: _____

Work availability: FT / PT

Hours Preferred: Days / Evenings / Nights

Desired Pay Range: _____ hour / annual

EDUCATION

	Name and Location	Graduate?	Dates Attended (be specific)	Degree/Major
High School				
College or University				
Specialized Training, Trade School, etc...				
Other Education				

PREVIOUS EXPERIENCE

Begin with current or most recent employment; provide at least 10 years' work history:

Dates Employed	Company Name	Location	Role/Title

Job notes, tasks performed and reason for leaving:

Dates Employed	Company Name	Location	Role/Title

Job notes, tasks performed and reason for leaving:

Dates Employed	Company Name	Location	Role/Title

Job notes, tasks performed and reason for leaving:

Dates Employed	Company Name	Location	Role/Title

Job notes, tasks performed and reason for leaving:

Miscellaneous:

1. Have you received any citations for moving violations during the last 5 years? Yes No
If yes, explain _____
2. Have you ever been convicted, plead guilty or no contest to any criminal violation of law, including criminal traffic offenses? Yes No
If yes, explain _____
3. Have you ever been discharged for any reason from any job? Yes No
If yes, explain _____

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

JOB APPLICATION DISCLAIMER AND ACKNOWLEDGEMENT

I certify that the information contained in this application is current to the best of my knowledge. I understand that to falsify information is grounds for refusal to hire me, or for termination should I be hired.

I authorize any of the persons and organizations listed on this application to give you any and all information concerning my previous employment, education, and qualifications for employment. I also authorize you to request and receive such information.

In consideration for my employment, I agree to conform to the rules and regulations of the company. I acknowledge that rules may be changed, withdrawn, added, or interpreted at any time, at the company's sole option and without prior notice to me.

I also acknowledge that 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 the company or myself. I understand that this application and any other company documents do not constitute a contract of employment and that if hired, I or Monroe Surgical Hospital may terminate my employment at any time with or without cause.

I have read and understand this agreement.

Signature _____ Date ____/____/____

Fax to (318) 410-1960
Mail to:
Monroe Surgical Hospital
2408 Broadmoor Blvd., Monroe, LA 71201
