

Primary Care Providers for A Healthy Feliciana, Inc.

11990 Jackson Street
Clinton, Louisiana 70722



APPLICATION FOR EMPLOYMENT

Name _____ Date _____

Please Print Clearly

APPLICATION FOR EMPLOYMENT

Please Answer All Questions. Résumés Are Not A Substitute For A Completed Application.

We are an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed service member status, race, religion, sex, national origin, age, physical or mental disability, genetic information or any other category protected by applicable federal, state, or local laws.

Position Applied For: _____ Date which you can start work if hired: _____

Telephone Number: (_____) _____ - _____ Alternative Number: (_____) _____ - _____

Present Address: _____
Street, Apt. # City State Zip

How long have you lived at this address: _____ Email Address: _____

Desired Salary/Hourly Rate: _____ Type of employment desired: ___ Full-Time ___ Part-Time (hrs/week.): _____

If under the age of 18, can you produce the necessary work certificate at the time of employment? ___ Yes ___ No

Are you willing to work overtime? ___ Yes ___ No Are you willing to travel to different locations? ___ Yes ___ No

Have you previously applied for employment with this Company? ___ Yes ___ No If Yes, when and where did you apply?

Have you ever been employed by this Company? ___ Yes ___ No. If yes, provide dates of employment: _____

INSTRUCTIONS FOR ANSWERING THE NEXT TWO QUESTIONS

All applicants: Do not include convictions that were sealed, eradicated, erased, annulled by a court, or expunged, or convictions that resulted in referral to a diversion program. *Criminal convictions or arrests will not automatically disqualify an applicant from a particular job. The Company will consider the nature of the crime, its seriousness, the substantial relation to the position's functions and qualifications, the number of occurrences, the applicant's age at the time of the crime, the time elapsed since the crime, the applicant's entire work and educational history, employment references and recommendations, and the business necessity of any exclusion when required by law.*

Have you ever plead guilty or no contest to, or been convicted of any criminal offense other than the applicable exceptions listed above?
___ Yes ___ No

CRIMINAL OFFENSES ONLY: If you answered Yes, please provide the date(s) and explain in accordance with the above instructions so that individual circumstances can be considered.

Have you ever initiated an act of violence in the workplace? ___ Yes ___ No

If yes, please provide the date(s) and explain so that individual circumstances can be considered. (A "Yes" answer will not necessarily disqualify you from employment.)

NAME: _____ POSITION: _____

EDUCATION/CERTIFICATION/LICENSURE:

Education	School Name and Location (Address, City, State)	Course of Study	Graduate? YES - NO	# of Years Completed	Degree/Major
High School					
College					
Bus./Tech./Trade or Post College					

Honors Received _____

List all special technical skills that you feel qualify you for the job for which you are applying (For example, computer skills, software, equipment operation, special tools or machines, etc.)

CERTIFICATIONS: _____

LICENSES: _____

REFERENCES:

Please list the names of work-related references we may contact. Individuals with no prior work experience may list school or volunteer-related references.

NAME	POSITION	COMPANY	WORK RELATIONSHIP (i.e., supervisor, co-worker)	TELEPHONE

If applicable, list below any other names by which you have been known which may be necessary to allow us to confirm your work and educational record. For example, change of name, use of an assumed name, nickname, etc

NAME: _____ POSITION: _____

WORK EXPERIENCE

Please list the names of your present and/or previous employers in chronological order with present or last employer listed first. Account for all periods of time including any period of unemployment. If self-employed, supply firm name and business references. You may include any verifiable work performed on a volunteer basis, internships, or military service. Your failure to provide complete information may disqualify you for consideration of employment.

Have you ever been terminated or asked to resign from any job? ___ Yes ___ No If yes, how many times? _____

Has your employment ever been terminated by mutual agreement? ___ Yes ___ No If yes, how many times? _____

Have you ever been given the choice to resign rather than be terminated? ___ Yes ___ No If yes, how many times? _____

If you answered Yes to any of the above three questions, please explain the circumstances of each occasion.

Employer 1

Name _____ Address _____ Type of Business _____
Telephone: (____) _____ - _____ Dates employed: From ____/____/____ To ____/____/____
Job Title: _____ Supervisor's Name: _____
Duties: _____

May we contact: ___ Yes ___ No If No, why not: _____ Wages: Starting _____ Final _____

Reason for Leaving: _____

What will this employer say was the reason for leaving: _____

How much notice did you give when resigning: _____ If none, explain: _____

Employer 2

Name _____ Address _____ Type of Business _____
Telephone: (____) _____ - _____ Dates employed: From ____/____/____ To ____/____/____
Job Title: _____ Supervisor's Name: _____
Duties: _____

May we contact: ___ Yes ___ No If No, why not: _____ Wages: Starting _____ Final _____

Reason for Leaving: _____

What will this employer say was the reason for leaving: _____

How much notice did you give when resigning: _____ If none, explain: _____

NAME: _____ POSITION: _____

WORK EXPERIENCE cont.

Employer 3

Name	Address	Type of Business
Telephone: (____) _____ - _____	Dates employed: From ____/____/____	To ____/____/____
Job Title: _____	Supervisor's Name: _____	
Duties: _____		

May we contact: Yes No If No, why not: _____ Wages: Starting _____ Final _____

Reason for Leaving: _____

What will this employer say was the reason for leaving: _____

How much notice did you give when resigning: _____ If none, explain: _____

Employer 4

Name	Address	Type of Business
Telephone: (____) _____ - _____	Dates employed: From ____/____/____	To ____/____/____
Job Title: _____	Supervisor's Name: _____	
Duties: _____		

May we contact: Yes No If No, why not: _____ Wages: Starting _____ Final _____

Reason for Leaving: _____

What will this employer say was the reason for leaving: _____

How much notice did you give when resigning: _____ If none, explain: _____

Employer 5

Name	Address	Type of Business
Telephone: (____) _____ - _____	Dates employed: From ____/____/____	To ____/____/____
Job Title: _____	Supervisor's Name: _____	
Duties: _____		

May we contact: Yes No If No, why not: _____ Wages: Starting _____ Final _____

Reason for Leaving: _____

What will this employer say was the reason for leaving: _____

How much notice did you give when resigning: _____ If none, explain: _____

Please explain fully all gaps in your employment history in excess of one month.

APPLICANT CERTIFICATION

All of the requirements below are in accordance to applicable federal, state, and local law and PCPFHF policies/procedures:

*I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for Louisiana and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

*I understand that the PCPFHF is a drug-free workplace and conducts drug testing consistent with. I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, understand that all employees of the location, pursuant to the PCPFHF policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the policies and applicable federal, state, and local law.

*If employed, I understand and agree that PCPFHF may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

*I understand and agree that as a condition of employment, I may be required to sign confidentiality, restrictive covenant, and/or conflict of interest statement, as well as an agreement to arbitrate.

*I certify that all information on this application, my résumé, or any supporting documents I present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

*If hired, I agree to conform to the rules and regulations of the PCPFHF, and I understand that the PCPFHF has complete discretion to modify such rules and regulations at any time, except that it will not modify its policy of employment at-will.

PCPFHF IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT—EXPRESS OR IMPLIED—WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE CEO OF THE COMPANY.

*I authorize PCPFHF or its agents to confirm all statements contained in this application and/or résumé as it relates to the position I am seeking. I agree to complete any requisite authorization forms for the background investigation.

*I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, any party delivering information to PCPFHF or its duly authorized representative pursuant to this authorization, from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability PCPFHF and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information.

*If hired by PCPFHF, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States. I also understand that PCPFHF employs only individuals who are legally eligible to work in the United States.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF SIXTY (60) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I certify that all of the information that I have provided on this application is true, accurate, and complete.

Applicant Signature: _____ Date: _____

If the applicant is a minor, the foregoing release and consent must be signed by the applicant's parent or legal guardian. Signature by the applicant's parent or legal guardian constitutes acknowledgement by the applicant and the parent or legal guardian that PCPFHF, to the extent permitted by federal, state, and local law, can test the applicant for illegal or controlled substances, conduct inspections of property without notice, and communicate test results to PCPFHF personnel who need to know, the applicant, and the applicant's legal guardian.

Parent/Legal Guardian

Witness

Date