



Application for Employment

CAPITOL CITY FAMILY HEALTH CENTER
3140 FLORIDA BLVD. BATON ROUGE, LA.

PLEASE PRINT

Position(s) applied for
Site Location
Referral Source
Date of application
Name of Source (if applicable)

Name
Address
Telephone Number
Social Security Number

If necessary, best time to call you at home is
May we contact you at work?
If yes, work number and best time to call
If you are under 18 can you furnish a work permit?
Have you ever filed an application here before?
If yes give date

Have you ever been employed here before?
If yes give dates
Are you legally eligible for employment in this country?

Date available at work
Type of employment desired
Are you on lay-off and subject to recall?
Will you relocate if job requires it?
Will you travel if job requires it?
Are you able to meet the attendance requirements of the position?
Will you work overtime if required?
Have you been bonded?
Have you been convicted of a felony in the last seven (7) years?

If yes, please explain

Driver's license number (if job-related)



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**Educational Background (if job related)**

A. List last three (3) schools attended starting with most recent. B. List number of years completed. C. Indicate degree or diploma earned if any  
D. Grade Point Average of Class Rank and E. Year of Graduation or Completion F. Major and minor field of study (if applicable)

A. School	B. Years Completed	C. Degree Diploma	D. GPA Class Rank	E. Year of Graduation/Completion	F. Major	F. Minor

List any foreign language(s) you know and check the boxes that describe your skill level.

Language	Speak Some	Speak Fluently	Read	Write

**References**

List name and telephone number of three business/work references who are not relate to you and are not previous supervisors. If not applicable, list three schools or personal references that are not related to you.

Name	Telephone	Years Known
	(   )	
	(   )	
	(   )	

List professional, trade, business, or civic associations and any offices held. (Exclude memberships, which would reveal sex, race, religion, national origin, age, color, disability, or other protected status.)

Organization	Offices Held

List special accomplishments publications awards (exclude information which would reveal sex, race, religion, national origin, age, color, disability, or other protected status.)

\_\_\_\_\_  
\_\_\_\_\_

List any additional information you would like us to consider

\_\_\_\_\_  
\_\_\_\_\_



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## Employment History

List your last four (4) employers, assignments, or volunteer activities, starting with the most recent including military experience. Explain any gaps in employment in comment section below.

Employer	Telephone (    )	Dates Employed		Summarize the nature of the work performed and job responsibilities.
		From	To	
Address				
Job Title	Hourly Rate/Salary			
	Starting			
Immediate Supervisor and Title	\$	Per		
Reason for Leaving	Hourly Rate/Salary			
	Final			
May we contact for reference?	Yes	No	Later	\$    Per

Employer	Telephone (    )	Dates Employed		Summarize the nature of the work performed and job responsibilities.
		From	To	
Address				
Job Title	Hourly Rate/Salary			
	Starting			
Immediate Supervisor and Title	\$	Per		
Reason for Leaving	Hourly Rate/Salary			
	Final			
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	Starting			
Immediate Supervisor and Title	\$	Per		
Reason for Leaving	Hourly Rate/Salary			
	Final			
May we contact for reference?	Yes	No	Later	\$    Per

Comments including explanation of any gaps in employment.

\_\_\_\_\_

## Skills and Qualifications

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

\_\_\_\_\_



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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 give the employer the right to investigate all references and to secure additional information about me of 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 is 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 reserve the right to terminate my employment at any time, with or without cause and without prior notices. 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 this person's need for an accommodation that would be required by the ADA.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_