

Application for Employment

**CARESOUTH MEDICAL & DENTAL
3111 FLORIDA BLVD, BATON ROUGE, LA 70806**

PLEASE PRINT

Date of Application: _____/_____/_____

Position(s) applied for _____

Employment you are seeking? Full-Time Part-Time Temporary Seasonal Educational Co-Op

Site Location: CareSouth Baton Rouge Mid-City CareSouth Donaldsonville CareSouth Plaquemine

Referral Source: Advertisement Employee Government Employment Agency Walk- In Other

Name of Source (if applicable) _____

APPLICANT INFORMATION		
Last Name:	First Name:	M.I.:
Street Address:		Apt/Unit #:
City:	State:	Zip:
Home Phone Number:	Mobile Phone Number:	
Email Address:	Social Security Number:	
If necessary, what is the best time to call you?		<input type="checkbox"/> AM <input type="checkbox"/> PM
May we contact you at your present job?		<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please provide your work number and the best time to call? ()		<input type="checkbox"/> AM <input type="checkbox"/> PM
Are you on lay-off and subject to recall?		<input type="checkbox"/> YES <input type="checkbox"/> NO
If you are under 18 years of age, can you furnish a work permit?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever applied here before?		<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, when?		/ /
Have you ever been employed here before?		<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, give dates... From / / to / /		
Are you legally eligible for employment in this country? <i>(Proof of U.S. Citizenship or Immigration Status will be required upon employment)</i>		<input type="checkbox"/> YES <input type="checkbox"/> NO
Date available to start work?		/ /
Will you relocate if job requires it?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Will you travel if job requires it?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you able to meet the attendance requirements of the position?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Will you work overtime if required?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Driver's license number (if job related)		<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been convicted of a felony in the last seven (7) years? <i>(Such conviction may be relevant, if job related, but does not bar you from employment.)</i>		<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please explain:		

EDUCATIONAL BACKGROUND

A. List last three (3) schools attended starting with the most recent. B. List number of years completed. C. Indicate degree or diploma earned if any.			D. Grade Point Average of Class Rank E. Year of Graduation 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 & Minor

FOREIGN LANGUAGES

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

Language	Speak Some	Speak Fluently	Read	Write
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

REFERENCES

Please list three (3) professional references that are not related to you and are not previous supervisors. If not applicable, list three schools or personal references that are not related to you.

Name	Telephone Number	Years Known
	()	
	()	
	()	

ASSOCIATIONS AND OFFICES HELD

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, and/or 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.

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: ()	
Address:		Immediate Supervisor and Title:	
Job Title:	Starting Salary: \$	Per:	Final Salary: \$ Per:
Summarize the nature of the work performed and job responsibilities:			
Dates Employed: From		To	Reason for Leaving:
May we contact for reference?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER	
Employer:		Telephone: ()	
Address:		Immediate Supervisor and Title:	
Job Title:	Starting Salary: \$	Per:	Final Salary: \$ Per:
Summarize the nature of the work performed and job responsibilities:			
Dates Employed: From		To	Reason for Leaving:
May we contact for reference?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER	
Employer:		Telephone: ()	
Address:		Immediate Supervisor and Title:	
Job Title:	Starting Salary: \$	Per:	Final Salary: \$ Per:
Summarize the nature of the work performed and job responsibilities:			
Dates Employed: From		To	Reason for Leaving:
May we contact for reference?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER	
Employer:		Telephone: ()	
Address:		Immediate Supervisor and Title:	
Job Title:	Starting Salary: \$	Per:	Final Salary: \$ Per:
Summarize the nature of the work performed and job responsibilities:			
Dates Employed: From		To	Reason for Leaving:
May we contact for reference?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER	
COMMENTS			
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.			

It is understood and agreed upon that any misrepresentation by me on this application will be a 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 that is 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 reserves 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 of this person's need for an accommodation that would be required by the ADA.

Signature of Applicant _____

Date: ____/____/____