

An Equal Opportunity Employer Location (For Office Use Only)

Each question must be fully and accurately answered. No action will be taken on this Application until all questions have been answered. PLEASE PRINT clearly.

PERSONAL (Please Print)

Last Name: _____ First Name: _____ Middle Initial: _____
Date Available for Employment: _____
Street Address: _____ Unit Number (if applicable): _____
City / State / Zip Code: _____
Mobile Phone: _____ Home Phone: _____ Work Phone: _____
Email Address: _____
Position applied for: _____ Referred by: _____

What is your desired work schedule?

Full-Time Part-Time PRN Day Evening Night Weekend Rotation

Have you previously worked for Central LA Surgical Hospital or Ambulatory Surgical Center? Yes No

If "Yes", please list dates of employment:

Are you over 18 years of age: Yes No

Are you legally authorized to work in the United States? Yes No

Federal Law requires proof of identity and employment authorization for all new employees.

For Driving Job Only: Do you have a valid driver's license? Yes No

Driver's License Number: _____ State Issued: _____

EMPLOYMENT (Please Print)

If possible, please list the last ten (10) years of your previous work experience in the spaces provided below, starting with your most recent employer. (CLSH may contact former employers to validate the information provided on this Application)

May we contact your current employer? Yes No

Name of Current or Most Recent Employer: _____

Address: _____

Phone: _____

Dates Employed: From: _____ To: _____ Type of Business: _____

Supervisor's Name and Title: _____

Rate of Pay: Beginning: _____ Ending: _____ Hourly Annual Salary

Job Title and Duties:

Reason for Leaving:

May we contact your current employer? Yes No

Name of Current or Most Recent Employer: _____

Address: _____

Phone: _____

Dates Employed: From: _____ To: _____ Type of Business: _____

Supervisor's Name and Title: _____

Rate of Pay: Beginning: _____ Ending: _____ Hourly Annual Salary

Job Title and Duties: _____

Reason for Leaving: _____

May we contact your current employer? Yes No

Name of Current or Most Recent Employer: _____

Address: _____

Phone: _____

Dates Employed: From: _____ To: _____ Type of Business: _____

Supervisor's Name and Title: _____

Rate of Pay: Beginning: _____ Ending: _____ Hourly Annual Salary

Job Title and Duties: _____

Reason for Leaving: _____

Please list any reasons for gaps in your employment history:

RECORD OF CONVICTION

Have you ever been convicted of a felony? Yes No (A conviction will not necessarily disqualify an applicant)

Have you ever pled guilty or no contest to a felony charge? Yes No

If "Yes", please explain:

Have you ever been sanctioned by Medicare, Medicaid, Champus or other government programs?

Yes No

Have you held a management position in an organization that was sanctioned by Medicare, Medicaid, Champus or other government programs? Yes No

EDUCATION

	Name	Highest Grade/Degree Achieved	Major Subject
High School	_____	_____	_____
College	_____	_____	_____
Other	_____	_____	_____

(Business, Vocational, Military) _____

Please list any other skills you feel may relate to the position for which you are applying:

PROFESSIONAL LICENSES, CERTIFICATIONS OR MEMBERSHIPS

Type of license(s)/certification(s) held:

Have you ever had any sanctions against any of these license(s)? Yes No

If "Yes", please explain:

License(s) expiration date(s): _____

Other professional memberships:

(You need not disclose membership in professional organizations that may reveal information regarding race, color, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other legally protected status.)

PROFESSIONAL REFERENCES

Please list three (3) references (not relatives):

Name	Address	Phone	Relationship
_____	_____	_____	_____

_____	_____	_____	_____
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_____	_____	_____	_____
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AGREEMENT TO INVESTIGATION AND AT WILL AGREEMENT

I understand and agree that my background could be investigated to the extent deemed necessary to confirm the accuracy and completeness of my answers to this Application and to determine my qualification for employment and that the nature and scope of the investigation, if one is conducted, could include general identification information and information concerning my present or past employment, education, general reputation, character, personal characteristics, and habits, and other such relevant job-related information, including information that may be developed through personal interviews with third parties. I further understand and agree that only job-related information developed from such an investigation will be considered in evaluating my qualification for employment or continued employment. I authorize and consent to the foregoing background investigation without any further notice.

I certify that the answers given by me to the foregoing questions and statements are true and correct without any material omissions of any kind whatsoever. I agree that my Application for employment may be rejected, my candidacy for employment disqualified, or my subsequent employment terminated because of false or misleading answers or statements or because of any material omissions of fact made by me in this Application or at any time during the selection process.

I also authorize the employers, educational institutions, persons, or other third parties named above, including any other person or parties who may possess relevant background information, to disclose any information regarding my background, employment, education, character, and qualifications without any further notice from or release by me. I hereby release the foregoing persons and parties from any and all claims, losses, or liability of any type or nature for disclosing any such information to Central Louisiana Surgical Hospital or any person or party acting on behalf of Central Louisiana Surgical Hospital.

I also understand and agree that if employed my employment will be strictly at will, and either I or my employer, including Central Louisiana Surgical Hospital, may terminate the employment relationship at any time, without notice, and for any reason. I further understand and agree that this Application does not constitute an offer of employment or an employment contract. I acknowledge that, if subsequently employed, the at-will nature of my employment cannot be altered or modified except by a written agreement signed by the Chief Executive Officer of Central Louisiana Surgical Hospital entitled "Modification of at Will Employment." I acknowledge that an offer of employment will be conditioned upon satisfactory proof of my authorization to work in the United States and that my failure to supply such proof in a timely manner will result in termination of my employment without regard for citizenship, national origin, or ancestry.

In exchange for Central Louisiana Surgical Hospital's receipt of this Application, I promise to submit exclusively to and resolve through binding arbitration under the Federal Arbitration Act any and all claims, controversies, or disputes involving Central Louisiana Surgical Hospital or any person or party affiliated with Central Louisiana Surgical Hospital, whether such claims are based on federal or state statute, regulation, common law, equity, municipal ordinance, or any other legal or equitable ground ("claims"). The parties also shall arbitrate all disputes concerning the arbitrability of any claims and the validity, enforceability, scope, interpretation, and application of this Agreement. The parties waive trial by judge or jury and agree to arbitrate their claims individually and not as a member or representative of a class or collective action unless all parties consent to class or collective arbitration, but the parties do not waive any other rights or remedies available under law. Arbitration shall be conducted before a single arbitrator pursuant to the National Rules for the Resolution of Employment Disputes of the American Arbitration Association in effect on the date of notice of a claim. A party that successfully obtains an order compelling arbitration shall be awarded its attorney fees and costs.

Signature

Date

We appreciate your interest and will give your online employment application serious attention. Consistent with applicable law, we provide equal employment opportunity to all persons regardless of age, race, color, national origin, religion, sex, marital status, handicap or disability, veteran status or any other legally protected status. By typing your name and date in the signature line and clicking on submit below, you are in effect accepting the terms and conditions outlined in the application.

CONFIDENTIAL

AFFIRMATIVE ACTION: VOLUNTARY SELF IDENTIFICATION

Central Louisiana Surgical Hospital, LLC is an Equal Opportunity Employer. As required by law, we must record certain information for government reporting purposes. However, you are under no obligation to respond but may do so in the future if you so choose. Responses will remain confidential within the Human Resources department. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

GENERAL APPLICANT INFORMATION

Name: _____ Date: _____
Position Applied For: _____

PLEASE CHECK ALL THAT APPLY

Race or Ethnic Identity

- Hispanic or Latino
- White (not Hispanic or Latino)
- Black/African American (not Hispanic or Latino)
- Native Hawaiian or Pacific Islander (not Hispanic or Latino)
- Asian (not Hispanic or Latino)
- American Indian or Alaskan Native (not Hispanic or Latino)
- Two or More Races (not Hispanic or Latino)

Veteran Status

- Vietnam Era Veteran
- Special Disabled Veteran
- Other Protected Veteran
- Recently Separated Veteran
- Armed Forces Service Medal Veteran

Gender

- Male
- Female

Other

- Individual with Disabilities

I do not wish to self-identify

How did you hear of our opening?

Current Employee Newspaper Ad Recruiter Other If Other, please explain below:

Signature

Date

We appreciate your interest and will give your online employment application serious attention. Consistent with applicable law, we provide equal employment opportunity to all persons regardless of age, race, color, national origin, religion, sex, marital status, handicap or disability, veteran status or any other legally protected status. By typing your name and date in the signature line and clicking on submit below, you are in effect accepting the terms and conditions outlined in the application.