



File # _____

APPLICATION FOR EMPLOYMENT

SOUTHERN MEDICAL CORPORATION OFFERS EQUAL OPPORTUNITY EMPLOYMENT TO ALL APPLICANTS FOR EMPLOYMENT AND TO ALL EMPLOYEES REGARDLESS OF SEX, AGE, RACE, RELIGIOUS CREED, NATIONAL ORIGIN, ANCESTRY, MARITAL STATUS, SEXUAL ORIENTATION OR DISABILITY.

12133 Industriplex Blvd.
Baton Rouge, LA 70809
(225) 756-5239

PLEASE PRINT CLEARLY

PERSONAL DATA:			DATE	_____
Name	_____		Social Sec. #	_____
	Last Name	First Name Initial		
Current Address	_____		Phone	() -
	Street Number and Name			
	_____	_____	_____	_____
	City	State	Zip Code	
Email Addresses	_____			
List other names under which you have worked (first or last names, including nicknames) : _____				
Are you a U.S. citizen or authorized to work in the U.S. on an unrestricted basis?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
Can you, after employment, submit proof of your legal right to work in the U.S.?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever been convicted of a felony?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
If you answered yes, please give the date, location, and disposition of your case: _____				

IN CASE OF EMERGENCY PLEASE CALL:			Home Phone	() -
Name	_____		Bus. Phone	() -
	First and Last Name	Relation to You		
Address	_____		Cell. Phone	() -
	Street Number and Name			
	_____	_____	_____	_____
	City	State	Zip Code	

POSITION DESIRED:	
Position(s) Applying For _____	Salary Desired: \$ _____ / _____
<i>I understand that applicants who do not meet the minimum qualifications of the position will not be considered for the position. Only those final candidates will be contacted.</i>	
Specify desired employment status:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> PRN
Days and hours preferred:	_____
Were you previously employed by SMC?	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when and position? _____
Names of any of your relatives employed by SMC?	_____
If an offer is extended to you, when are you available to begin working?	_____
How did you become aware of the position for which you are applying? Please give name or source:	_____
Do you have a reliable method of transportation to use if you are hired to work for SMC?	<input type="checkbox"/> YES <input type="checkbox"/> NO

EMPLOYMENT HISTORY: (Must be completed in full.)	
Are you presently employed?	<input type="checkbox"/> YES <input type="checkbox"/> NO
May we contact your present employer?	<input type="checkbox"/> YES <input type="checkbox"/> NO
List your work experience beginning with the most recent job on page 2 of this application.	

EMPLOYMENT HISTORY: (Must be completed in full.)				
FROM	TO	NAME AND ADDRESS OF EMPLOYER		JOB TITLE & DUTIES
		Name _____		
Starting Salary	Ending Salary	Address _____		
\$	\$	City, State _____	Zip Code _____	
		Supervisor _____	Phone _____	Reason for leaving _____
FROM	TO	NAME AND ADDRESS OF EMPLOYER		JOB TITLE & DUTIES
		Name _____		
Starting Salary	Ending Salary	Address _____		
\$	\$	City, State _____	Zip Code _____	
		Supervisor _____	Phone _____	Reason for leaving _____
FROM	TO	NAME AND ADDRESS OF EMPLOYER		JOB TITLE & DUTIES
		Name _____		
Starting Salary	Ending Salary	Address _____		
\$	\$	City, State _____	Zip Code _____	
		Supervisor _____	Phone _____	Reason for leaving _____
FROM	TO	NAME AND ADDRESS OF EMPLOYER		JOB TITLE & DUTIES
		Name _____		
Starting Salary	Ending Salary	Address _____		
\$	\$	City, State _____	Zip Code _____	
		Supervisor _____	Phone _____	Reason for leaving _____
FROM	TO	NAME AND ADDRESS OF EMPLOYER		JOB TITLE & DUTIES
		Name _____		
Starting Salary	Ending Salary	Address _____		
\$	\$	City, State _____	Zip Code _____	
		Supervisor _____	Phone _____	Reason for leaving _____

EDUCATION AND TRAINING:				
Education:				
NAME OF SCHOOL	ADDRESS OF SCHOOL	NO. OF YEARS	COURSE OR MAJOR	DIPLOMA/DEGREE
Professional and technical training:				
PROFESSIONAL LICENSE NO.	TYPE OF LICENSE	PLACE OF ISSUE	EXPIRATION DATE	
Membership in professional organizations:				
If you are licensed, has your license ever been suspended or revoked or are you currently involved in any proceeding that could affect you license or certification? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please give the date, location, and disposition of your case.				

BUSINESS REFERENCES (PLEASE DO NOT LIST RELATIVES):		
NAME AND OCCUPATION	ADDRESS	PHONE NUMBER

ADDITIONAL INFORMATION AND QUALIFICATIONS:

Please use the space below for any additional information necessary to describe your full qualifications (i.e., specialty areas such as ICU, OB/GYN, special equipment, typing speed, computer software programs).

Do you speak, read or write in any language other than English? YES NO

If yes, please describe _____

PLEASE READ CAREFULLY

PLEASE DO NOT RESPOND TO THE FOLLOWING QUESTIONS UNTIL AFTER YOU HAVE READ AND/OR DISCUSSED THE JOB DISCRPTION OF THE POSITION FOR WHICH YOU ARE APPLYING.

Are you able to perform the functions of the job for which you are applying? YES NO

If there is an accommodation which would allow you to perform the functions of the job, please describe how you would perform those functions with or without that accommodation:

I hereby certify that the answers to the foregoing questions are true to the best of my knowledge and agree to have any of the statements checked or verified by Southern Medical Corporation unless I have indicated to the contrary.

I am aware that a more detailed investigation concerning background and credit may also be conducted, if applicable to the job for which I am applying, and I hereby authorize such an investigation.

I understand that employment is contingent upon satisfactory completion of reference checks and that, upon my written request, information on the nature and scope of an inquiry, if one is made, will be provided to me.

Should a job offer be made, I consent to taking a pre-employment physical examination and such future examinations as may be required by Southern Medical Corporation. I understand that any job offer or my continuing employment, if hired, is contingent upon my being physically, mentally and medically able, with or without reasonable accommodation, to successfully perform the essential functions of my job. I agree that the results of my medical/health screen may be released to appropriate agencies in the event of a worker's compensation injury and/or dispute on payment of a medical claim.

I understand that as part of my pre-employment physical examination, upon which any employment or offer of employment is contingent, I will be required to successfully pass a drug-screening test. The test will be administered at Southern Medical Corporation's expense, and will require me to provide a urine specimen for analysis. The urine specimen may be analyzed for the presence of marijuana, cocaine, phencyclidine (PCP), opiates, amphetamines, barbiturates, benzodiazepine, and THC. Results of the drug test are confidential, and will not be disclosed to any entity outside of Southern Medical Corporation without my specific written consent. My signature below specifically signifies my consent to this pre-employment drug-screening test.

I agree to wear or use all protective clothing or devices required by the facility and to comply with all safety policies and procedures.

I understand that nothing contained in this employment application is intended to lead to or create an employment contract between Southern Medical Corporation and/or any affiliate and myself which would in any way restrict the right of the company to terminate my employment at will.

I further understand and agree that the employment relationship that may result from my application will be employment-at-will, and either I or Southern Medical Corporation or any affiliate may terminate the relationship at any time.

I understand that any omission, misrepresentation or falsification can be grounds for refusal of employment. I further understand that, if employed, any false statements or misrepresentations herein or in conjunction with the application process may be cause for dismissal.

I understand that any and all disputes regarding my employment with Southern Medical Corporation, including any disputes relating to the termination of my employment, are subject to the Southern Medical Corporation Fair Treatment Process, which includes final and binding arbitration, and I also understand and agree, as a condition of employment and continued employment, to submit any such disputes for resolution under that process, and I further agree to abide by and accept the decision of the Arbitration panel as the final and binding decision and resolution of any such disputes I may have.

Applicant's Signature

Date

DISPOSTION (TO BE COMPLETED BY DIRECTOR / SUPERVISOR UPON OFFER OF EMPLOYMENT):

POSITION	_____	STATUS	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> PRN
DEPARTMENT	_____	LOCATION	_____		
SALARY	_____	DOH	_____		
SUPERVISOR	_____				
COMMENTS	_____				