



2721 O'Neal Lane, Baton Rouge, LA 70816 | Tel 225-751-2345

APPLICATION FOR EMPLOYMENT

| | | | | | |
|---|--|----------------------------|--|-------------------------|--|
| LAST NAME | | FIRST NAME | | MIDDLE NAME | |
| STREET ADDRESS | | APT. NO. | | HOME PHONE NO. () — | |
| CITY | | STATE | | ZIP | |
| DRIVER'S LICENSE NO. | | SOCIAL SECURITY NO. — — | | DATE OF BIRTH / / | |
| CELL PHONE NO. () — | | PLACE OF EMPLOYMENT | | | |
| HOW DID YOU BECOME AWARE OF YOUR CLINIC? <input type="checkbox"/> DROVE BY <input type="checkbox"/> YELLOW PAGES <input type="checkbox"/> INTERNET <input type="checkbox"/> CLIENT <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> OTHER | | | | | |

| | | |
|--|--|---|
| If you are under 18 years of age, can you provide required proof of your eligibility to work? | <input type="radio"/> YES <input type="radio"/> NO | |
| Have you ever filed an application with us before? | <input type="radio"/> YES <input type="radio"/> NO | If yes, give date of application: / / |
| Are you currently employed? | <input type="radio"/> YES <input type="radio"/> NO | |
| May we contact your employer? | <input type="radio"/> YES <input type="radio"/> NO | |
| Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? | <input type="radio"/> YES <input type="radio"/> NO | <i>PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT.</i> |
| On what date would you be available to work? | / / | |
| What type of schedule are you able to work? | <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SHIFT WORK <input type="checkbox"/> TEMPORARY | |
| Are you currently on "lay-off" status and subject to recall? | <input type="radio"/> YES <input type="radio"/> NO | |
| Can you travel if a job requires it? | <input type="radio"/> YES <input type="radio"/> NO | |
| Have you been convicted of a felony within the last 7 years? | <input type="radio"/> YES <input type="radio"/> NO | |
| If yes, please explain: | | |

PREVIOUS EMPLOYMENT

| NAME OF EMPLOYER | ADDRESS | PHONE NO. | REASON FOR LEAVING | DATES WORKED |
|------------------|---------|-----------|--------------------|--------------------|
| 1. | | | | FROM / / TO / / |
| 2. | | | | FROM / / TO / / |
| 3. | | | | FROM / / TO / / |

EDUCATION

| | ELEMENTARY SCHOOL | HIGH SCHOOL | UNDERGRADUATE | GRADUATE |
|--|-------------------|-------------|---------------|----------|
| SCHOOL NAME & LOCATION | | | | |
| YEARS COMPLETED | | | | |
| DIPLOMA/DEGREE RECEIVED | | | | |
| DESCRIBE ANY SPECIALIZED TRAINING APPRENTICESHIP, SKILLS, AND EXTRA-CURRICULAR ACTIVITIES. | | | | |
| DESCRIBE ANY HONORS YOU'VE RECEIVED. | | | | |
| STATE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US WHILE CONSIDERING YOUR APPLICATION. | | | | |

ADDITIONAL INFORMATION

| PLEASE INDICATE ANY FOREIGN LANGUAGES YOU CAN SPEAK, READ, AND/OR WRITE: | FLUENT | GOOD | FAIR |
|---|--------|------|------|
| SPEAK | | | |
| READ | | | |
| WRITE | | | |
| LIST ANY PROFESSIONAL, TRADE, BUSINESS, OR CIVIC ACTIVITIES AND OFFICES HELD (YOU MAY EXCLUDE MEMBERSHIPS WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, ANCESTRY, HANDICAP, OR OTHER PROTECTED STATUS): | | | |
| | | | |

REFERENCES

| ONLY INCLUDE REFERENCES WHO ARE NOT RELATED TO YOU AND ARE NOT PREVIOUS EMPLOYERS. | | |
|--|---------|-----------|
| NAME | ADDRESS | PHONE NO. |
| | | |
| | | |
| | | |

.....
SIGNATURE

..... / /
DATE

We consider applicants for all positions regardless of race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.