



# Imperial Health

The Science of Health. The Art of Caring.

## Employment Application

501 Dr. Michael DeBakey Drive  
Lake Charles, LA 70601  
Telephone Number: (337) 433-8400  
Fax Number: (337) 312-6721  
jobs@imperialhealth.com.

You must fill out all sections of this application completely. This information will be used to determine your eligibility for this position. All application material becomes property of Imperial Health.

Date: \_\_\_\_\_

Name: _____		
(First)	(Middle)	(Last)
Address: (Street and Mailing Address)		
_____		
_____		
(City)	(State)	(Zip Code)
Home Phone Number:	Cell Phone Number:	Email Address:
(    ) _____ - _____	(    ) _____ - _____	_____
Have you ever been convicted of a felony or are there any criminal charges pending against you or open arrest warrants? _____ If yes, please explain.		
_____		

### EDUCATION

Name	Name and Address	Course of Study	Circle Last Year Completed	List Type of Diploma/Degree
High School			1   2   3   4	
College			1   2   3   4	
College			1   2   3   4	
Technical, Business or Professional			1   2   3   4	

### Military Service:

Did you ever serve in the U.S. Armed Forces? \_\_\_\_\_ Yes \_\_\_\_\_ No. If so, what branch?

\_\_\_\_\_

Describe any training you received which is relevant to this position for which you are applying:

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**Professional licenses/certifications:** List technical or specialized skills/credentials relevant to this job. List types of license and name of state where issued.

TYPE	State	Exp. Date	License/Registration Number

**PLEASE CHECK ALL THAT APPLY:**

**Office/Computer Skills:**

- |   |   |                                       |
|---|---|---------------------------------------|
| <input type="checkbox"/> Typewriter (wpm _____)     | <input type="checkbox"/> Word Perfect     | <input type="checkbox"/> PowerPoint   |
| <input type="checkbox"/> Word Processor             | <input type="checkbox"/> Microsoft Office | <input type="checkbox"/> Print Master |
| <input type="checkbox"/> Ten Key                    | <input type="checkbox"/> Excel            | Please list any other skills:         |
| <input type="checkbox"/> Transcription              | <input type="checkbox"/> Lotus            | _____                                 |
| <input type="checkbox"/> Multi-Phone Lines          | <input type="checkbox"/> Quick Books Pro  | _____                                 |
| <input type="checkbox"/> Fax Machine                | <input type="checkbox"/> R2000/PRISM      | _____                                 |
| <input type="checkbox"/> Copy Machine               | <input type="checkbox"/> AS400            | _____                                 |
| <input type="checkbox"/> Calculator                 | <input type="checkbox"/> Access           | _____                                 |
| <input type="checkbox"/> Data Entry                 | <input type="checkbox"/> Outlook Express  | _____                                 |
| <input type="checkbox"/> CPT-ICD9 Coding            | <input type="checkbox"/> Internet         | _____                                 |
| <input type="checkbox"/> Filing                     | <input type="checkbox"/> Peachtree        | _____                                 |
| <input type="checkbox"/> Sort and Distribute Mail   | <input type="checkbox"/> Quicken          | _____                                 |
| <input type="checkbox"/> Switchboard                |   |                                       |
| <input type="checkbox"/> Electronic Medical Records |   |                                       |

**Position applying for:** \_\_\_\_\_ **Starting Date:** \_\_\_\_\_ **Salary Desired:** \_\_\_\_\_

Are you applying for: Full Time \_\_\_\_\_; Part Time \_\_\_\_\_; PRN \_\_\_\_\_; Temporary \_\_\_\_\_

Are you willing to work: Overtime \_\_\_\_; On call \_\_\_\_; Rotating Shifts \_\_\_\_; Nights \_\_\_\_; Weekends \_\_\_\_\_  
Holidays \_\_\_\_; Travel \_\_\_\_; PRN \_\_\_\_; Float \_\_\_\_\_

Days available to work \_\_\_\_\_

Hours available to work \_\_\_\_\_

How did you find out about this position? Newspaper \_\_\_\_\_; current employee \_\_\_\_\_; Referral \_\_\_\_\_;  
Employment Agency \_\_\_\_; Walk In \_\_\_\_; Other: Please list: \_\_\_\_\_

Have you ever been employed by Imperial Health (The Clinic or Center For Orthopaedics)? Yes \_\_\_\_; No \_\_\_\_\_

If yes, position: \_\_\_\_\_

Department \_\_\_\_\_ Supervisor \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Reason for leaving:

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Are you related to anyone presently employed by Imperial Health? \_\_\_\_\_yes \_\_\_\_\_no. If yes, please provide name and department in which they work:

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Are you employed now? \_\_\_\_\_ If so, may we contact your present employer?

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Have you ever been discharged from a job or asked to resign? \_\_\_\_\_ If yes, please explain.

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Are you authorized to work in the U.S.? \_\_\_\_\_ Yes \_\_\_\_\_ No. Can you provide necessary documentation to confirm

your authorization to work in the United States? (Immigration Reform and Control Act of 1986) \_\_\_\_\_ Yes \_\_\_\_\_ No

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**FORMER EMPLOYERS:**

Please list name, address and phone number of previous employers with most recent employer first. Periods of employment should be included.

Organization Name and Address:	Supervisor's Name and Title:	Phone Number:
Job Title:	From:	To:
Duties:	Starting Salary:	Ending Salary:
Reason for leaving:		

Organization Name and Address:	Supervisor's Name and Title:	Phone Number:
Job Title:	From:	To:
Duties:	Starting Salary:	Ending Salary:
Reason for leaving:		

Organization Name and Address:	Supervisor's Name and Title:	Phone Number:
Job Title:	From:	To:
Duties:	Starting Salary:	Ending Salary:
Reason for leaving:		

May we run an employment check from the employers listed above? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Has notice been given to your present employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

**WORK-RELATED REFERENCES:**

List below the names of three persons not related to you, whom you have worked with or for, who can provide a work-related reference on your behalf.

Name	Phone Number	Years Acquainted



As an applicant for employment with Imperial Health, I acknowledge and agree to the terms and conditions listed below.

- I understand and acknowledge that certain qualifications and competencies for employment are required and that I am required to comply with these requirements.
- I acknowledge that my initial work assignment and hours do not constitute a binding work agreement or contract between me and Imperial Health and I understand my work hours and the nature of my job duties may change. I acknowledge that I may be asked to work extra hours.
- I understand that appropriate law enforcement agencies, state and government agencies may be contacted to determine the nature of criminal records or any other background information.
- I authorize Imperial Health to contact former employers, specifically named by me, for a history of employment and recommendation information. I hereby also agree to hold Imperial Health, its agents and employees and those persons who are contacted in connection with my application, harmless from any legal claim of any nature arising as a result of said party complying with the request concerning the references herein given.
- I hereby authorize my previous employers, character references, schools, military personnel, and other organizations to release any and all information in relation to this job application to Imperial Health. I hereby agree to hold any person or corporation harmless from any claim of any nature, including court costs or attorney's fees, which could arise as a result of any information of any nature provided either orally or by letter, by my former employers or references as listed in my application.

6. I acknowledge that this is not all-inclusive and that additional requirements and qualifications are contained and enumerated in Imperial Health’s Employee Handbook. I understand and agree that these policies and procedures are subject to change and that I am subject to and must abide by the terms and requirements set forth in the employee handbook. I understand that there is no “grandfather clause” that would shield me or other existing employees from new or changed policies duly incorporated into the employee handbook.
7. I understand that I must pass any required pre-employment screenings and skills tests deemed necessary by Imperial Health as a requisite to being employed.
8. I understand that my employment is strictly on an “at will” basis and that it may end at any time. I understand that my employment by Imperial Health may be terminated without cause and such decision to do may be made without regard to satisfactory or unsatisfactory job performance, number of years of employment with Imperial Health or any other factors.
9. I understand and acknowledge that intentional misrepresentation of any information requested of me for purpose of consideration for employment may subject me to possible legal or criminal liability as well as immediate termination should such be discovered after employment.
10. I hereby affirm that the information provided in this application (and/or accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration from employment and may be considered justification for dismissal if discovered at a later date.

I have read and understand the above and agree to all terms and conditions as indicated by my signature below.

\_\_\_\_\_ Signature \_\_\_\_\_ Date

**Title VII of the Civil Rights Act of 1964:  
Notice of Non-discrimination**

Imperial Health does not discriminate on the basis of race, color, sex, age, religion, national origin, ancestry, disability or against veterans. Imperial Health is an Equal Opportunity Employer.

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[jobs@lcmhc.com](mailto:jobs@lcmhc.com)

CONSENT FOR RELEASE OF EMPLOYMENT REFERENCE INFORMATION

Imperial Health is considering \_\_\_\_\_ for employment. We have been authorized by this applicant to request the following information pertaining to past employment. Would you please provide replies to the items listed below? We will greatly appreciate and hold in strict confidence any information you may give us concerning this applicant.

Thank you.

SIGNATURE OF APPLICANT TO AUTHORIZE RELEASE OF REFERENCE INFORMATION:

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

**TO BE COMPLETED BY REFERRING EMPLOYER:**

1. Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_

2. Position/Title: \_\_\_\_\_

3. Was applicant terminated or resigned? \_\_\_\_\_

4. Reason for termination? \_\_\_\_\_

5. **Is applicant eligible for re-hire?** \_\_\_\_\_ If no, please explain \_\_\_\_\_

Please evaluate the according to the following:

	Excellent	Good	Average	Poor
Ability				
Attendance				
Attitude				
Ability to Accept Criticism				
Dependability				
Job Motivation and Initiative				
Interpersonal relations with co-workers				
Quality of work				
Quantity of Work				

What is your overall rating of this applicant? \_\_\_\_\_

\_\_\_\_\_  
Signature  
Date

\_\_\_\_\_  
Title

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## EEOC Questionnaire

Please take a moment to complete this EEOC questionnaire. Completion of form is voluntary and is not determining criteria for obtaining employment with Imperial Health. This questionnaire will be removed from your application before it is reviewed, and it has no influence on the hiring decision. Thank you in advance for your cooperation.

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
First MI Last

POSITION DESIRED: \_\_\_\_\_

SEX: (please circle) Male Female

RACE: (please circle)

1. White/Caucasian
2. Black/African-American
3. Hispanic or Latino
4. Asian
5. Native Hawaiian or Other Pacific Islander
6. American Indian or Alaska Native
7. Two or more races

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