



APPLICATION FOR EMPLOYMENT

GastroIntestinal Specialists is an equal opportunity employer. GastroIntestinal Specialists does not discriminate in employment with regard to race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service or any other characteristic protected by law.

PERSONAL INFORMATION

Incomplete information could disqualify you from further consideration. Please complete all fields.

Legal Name _____ Preferred Name _____

Address _____

E-mail Address _____

Home Phone # _____ Mobile Phone # _____

Are you eligible to work in the U.S? ___Yes ___No

Are you at least 18 years or older? (If no, you may be required to provide authorization to work.)
___Yes ___No

Have you ever been terminated from employment or asked to resign by an employer?

___Yes ___No **If yes**, please provide company names and details _____

Can you work any shift? ___Yes ___No If no, explain: _____

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? ___Yes ___No

EMPLOYMENT DESIRED

Date you can start _____ Hourly rate/Salary desired _____

Position desired _____

Are you currently employed? ___ If so may we inquire of your present employer? _____

REFERRAL SOURCE

Have you ever worked for this company before?

___Yes ___No Explain _____

Do you know anyone who works for our company? ___Yes ___No

If yes, who? _____

EDUCATION	Name and location of school	Degree Received	Subjects studied/Major
High School			
College or University			
Trade, Business or Correspondence School			

Have you ever had your professional license (i.e. nursing) denied, suspended, revoked, restricted, or in a probationary status for any reason? If so, in which state? When? Summarize the reasons underlying this action. _____

EMPLOYMENT HISTORY Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration.*

From	To	Employer Name	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			

From	To	Employer Name	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			

From	To	Employer Name	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			

REFERENCES

Give the names of three persons not related to you, whom you have known at least three (3) years.

Name	Address, Phone, Email	Years Acquainted

Have you ever been convicted of, plead guilty, nolo contendere or no contest to a felony or misdemeanor other than a minor traffic offense (including a plea bargain or other arrangement with prosecuting authorities)? Yes ___ No ___ If so, please explain.

(A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as the nature and gravity of the offense or conduct, the time that has passed since the conduct, offense and completion of sentence, and the nature of the job sought will be considered).

Have you ever been excluded, suspended, or debarred from the Medicare or Medicaid programs or any other federally-funded healthcare programs? If so, please explain. _____

List any healthcare or related business in which you, or a member of your family or household, have a direct or indirect ownership or controlling interest of five percent (5%) or more. Include Medicare or Medicaid provider numbers for each. _____

Have any of the entities, which you listed in response to question #6 above been excluded, suspended, or debarred from Medicare, Medicaid, or any other federally-funded healthcare programs? If so, please explain. _____

Please read carefully before signing.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for GastroIntestinal Specialists to hire me. If I am hired, I understand that either GastroIntestinal Specialists or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of GastroIntestinal Specialists has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to GastroIntestinal Specialists true and complete information on this application. No requested information has been concealed. I authorize GastroIntestinal Specialists to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Date _____ Signature _____

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE ABOVE.

NOTICE/AUTHORIZATION FOR BACKGROUND CHECK AND PRE-EMPLOYMENT DRUG SCREENING

In connection with my application for employment at GastroIntestinal Specialists, Shreveport Endoscopy Center, and/or Louisiana Research Center, I understand that a background check will be performed. The background check will include:

- Louisiana State Police Criminal Database
- National Sex Offender Search
- Parish/County Criminal Search
- Office of Inspector General Exclusion List
- Education
- Licensure
- Former Employment

In connection with my application, I also understand that a Drug Screening will be requested prior to an offer of employment.

By signing this Notice/Authorization, I authorize GastroIntestinal Specialists, A.M.C. to request and obtain a background report on me and to request a pre-employment drug screening.

I acknowledge that no offer of employment will be extended until the requested background check and drug screening are complete.

I acknowledge that passing the background check and drug screening does not guarantee and offer of employment.

I acknowledge that a facsimile or photographic copy of this signed Notice/Authorization will be as valid as the original.

I acknowledge that it is a crime to provide false information regarding a criminal history check.

Name

Date of Birth

Signature

Date