



To assist us in our recruitment efforts, please indicate how you were referred to Allegiance Health Management.

Walk-in  Newspaper Ad (please specify): \_\_\_\_\_  
 Job Fair (please specify): \_\_\_\_\_  Website or Internet (what site?): \_\_\_\_\_  
 Employee Referral (please specify): \_\_\_\_\_  Other: (please specify): \_\_\_\_\_

Do you have a relative that works for any Allegiance Health Management facility? If yes, what department? \_\_\_\_\_

**SECURITY DATA**

Pursuant to the OIG Compliance Program, Employees convicted of criminal offenses or offenses including fraud and abuse related to health care are prohibited from participating in any portion of the direct or indirect health care delivery process. In the event of any pending charges, current employees may be removed from direct responsibility including patient care or involvement with any Federal health care program.

Have you ever been convicted or plead guilty or no contest to any criminal offense?  Yes  No  
*(Criminal convictions are not an automatic ban from employment and will only be considered in relation to specific job requirements.)*

Have you ever been convicted of a criminal offense related to health care or listed by a federal agency as debarred, excluded or otherwise ineligible for participation in federal health care programs?  Yes  No

If you answered "yes" to either or the above questions, please briefly describe the circumstances of your conviction indicating the date, nature and place of the offense and disposition of the case.

\_\_\_\_\_  
 \_\_\_\_\_

EDUCATION AND TRAINING		No. of Years Completed	Graduated		Type of Degree, Diploma or Certificate and Major Course of Study	Academic Standing
Institution Name and Location			Yes	No		
High School						
College/ University						
Graduate School						
Trade School/ Other						

**ACADEMIC ACHIEVEMENTS AND ACTIVITIES:**

Please list academic honors, scholarships, or fellowships; memberships in academic honorary societies; or participation in or offices held in extracurricular activities you consider significant. **(You may exclude all information of age, sex, race, religion, color, national origin and handicap.)**

\_\_\_\_\_  
 \_\_\_\_\_

**EMPLOYMENT HISTORY**

**Please list your employment history for the past 15 years or your last five employers. Start with your current employer. Include U.S. Military Service.**

Name of Employer: \_\_\_\_\_ Area Code & Telephone No.: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_  
 Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary: Starting \_\_\_\_\_ Ending \_\_\_\_\_  
 Duties Performed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
May we contact this employer?  Yes  No If no, please explain why \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Area Code & Telephone No.: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Job Title: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Duties Performed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
May we contact this employer?  Yes  No If no, please explain why \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Area Code & Telephone No.: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Job Title: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Duties Performed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
May we contact this employer?  Yes  No If no, please explain why \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Area Code & Telephone No.: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Job Title: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Duties Performed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
May we contact this employer?  Yes  No If no, please explain why \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Area Code & Telephone No.: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Job Title: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Duties Performed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
May we contact this employer?  Yes  No If no, please explain why \_\_\_\_\_

Please explain all periods of unemployment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LICENSED/CERTIFIED APPLICANTS ONLY					
	State & License No.	Expires (Date)		State & License No.	Expires (Date)
Registered Nurse			Licensed Social Worker		
LVN / LPN			Speech/Language Pathologist		
Certified Nursing Assistant			Licensed Professional Counselor		
Respiratory Therapist			Recreational Therapist		
Physical Therapist			CPR (BCLS)		
Occupational Therapist			Other (specify)		
Have any disciplinary actions been taken against your license/licenses? If so, explain					

Please indicate any other information you think would be helpful to us in considering you for employment, such as additional work experience, activities, accomplishments, voluntary work experience, and any other languages spoken.

\_\_\_\_\_

\_\_\_\_\_

Please list any other professional memberships, organizations or certifications you hold.

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES**  
List three (3) Business Professional Reference of those who have worked with you. If this is your first job, please list i.e. Teachers, Pastors, Professors that know you. Do not list anyone related to you.

Name	Address & Phone No.	Occupation	Years Known
1. _____			
2. _____			
3. _____			

**READ CAREFULLY BEFORE SIGNING THE APPLICATION FOR EMPLOYMENT:**  
If employed by Allegiance and in consideration thereof, I understand and agree to:

- I certify that the answers given by me to the forgoing questions and statements on the employment application and or during the employment interview process are true and correct without any consequential omissions of any kind whatsoever. I understand that any misleading or incorrect statements may render this application void and, if employed, would be cause for my termination. I further agree that Allegiance shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this application.
- I authorize the companies' schools, persons or entities given during the employment process or on this employment application as references or past employers or affiliations to give any information regarding my employment, character, qualifications, certifications and licenses and hereby release said companies, schools, persons or entities from all liability for any damage for issuing this information.
- I understand that I may be required to have a medical examination and/or drug and alcohol test after an offer of employment has been made and prior to the commencement of my employment duties. A favorable result on the medical examination and/or drug and alcohol test would be a condition of my employment or commencement of any employment duties.
- I understand that my employment is not for a specified or definite term and that I may resign, or I may be discharged, at any time with or without prior notice. I further understand that this policy cannot be changed or amended except by written agreement signed by me and by a corporate officer.
- My employment shall be in accordance with the terms of this application, all safety and incident reporting rules, all health care industry compliance program requirements and all other Allegiance rules, regulations, policies and procedures currently or hereafter in effect.
- I certify that as a part of the application process, I have been provided with a written job description or have had the opportunity to review and/or discuss the requirements for the available position. I understand each requirement and certify that I am capable of meeting each and every requirement. I also understand if the position for which I am applying requires licenses and/or certifications, it is my responsibility and a requirement for continued employment to maintain valid licenses and/or certifications.

\_\_\_\_\_ Signature of Applicant \_\_\_\_\_ Date

How did you hear about the position you are applying for? \_\_\_\_\_

**Mailing Address:**

Mercy Regional Medical Center  
Attn: Human Resources  
800 E. Main Street  
Ville Platte, LA 70586

Phone: 337-363-9414 or 337-363-9404

Fax: 337-363-9488

Email: [felicia.joseph@ahmgt.com](mailto:felicia.joseph@ahmgt.com)