



Houma Outpatient Surgery Center, AAAHC ACCREDITED

3717 Houma Blvd, 3<sup>rd</sup> Floor  
Metairie, La. 70006

P: 504 456 1515  
F: 504 454 3810

Houma Outpatient Surgery.com

## APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer. Both applicants and employees are treated without regard to race, color, religion, creed, gender, age, national origin, medical condition or disability.

DATE \_\_\_\_\_

### PERSONAL INFORMATION

NAME (Last, First, MI)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	REFERRED BY:		

### EMPLOYMENT DESIRED

POSITION APPLYING FOR:	DATE YOU CAN START	SALARY DESIRED
ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No	
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> Yes <input type="checkbox"/> No	FOR WHAT POSITION?	WHEN?

### EDUCATION INFORMATION

NAME & ADDRESS OF SCHOOL	YEARS ATTENDED	DEGREE ATTAINED	SUBJECTS STUDIED
ELEMENTARY SCHOOL			
HIGH SCHOOL			
COLLEGE			
VOCATIONAL, BUSINESS SCHOOL			
GRADUATE OR OTHER SCHOOL			



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**SPECIAL TRAINING / MILITARY SERVICE**

SUBJECTS OF SPECIAL STUDY, RESEARCH WORK OR SPECIAL TRAINING/SKILLS APPLICABLE TO THE POSITION APPLIED FOR:		
Foreign Languages		
DID YOU SERVE IN THE U.S. MILITARY/ NAVAL SERVICE? <input type="checkbox"/> Yes <input type="checkbox"/> No	BRANCH OF SERVICE	FINAL RANK
HONORABLE DISCHARGE? <input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, please explain: (Use back of sheet if more space needed)	

**WORK EXPERIENCE**

(List below last 5 employers, starting with most recent and working back. Please complete even if attaching resume)

DATES MONTH/YEAR	NAME AND ADDRESS OF EMPLOYER	START/END SALARY	POSITION / PRIMARY JOB DUTIES	REASON FOR LEAVING
FROM		/		
TO				
FROM		/		
TO				
FROM		/		
TO				
FROM		/		
TO				
FROM		/		
TO				

**REFERENCES**

(List below two persons, not related to you, that you have known at least one year and can attest to your good character)

NAME	ADDRESS / PHONE NUMBER	BUSINESS	YEARS KNOWN
1.			
2.			

**AUTHORIZATION** (Please read the following carefully before signing below.)

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative."

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

*Houma Outpatient Surgery Center is a physician-owned, ambulatory surgery center that provides quality care for the New Orleans area.*