

LISBON AREA HEALTH SERVICES
EMPLOYMENT APPLICATION

Position Applying For: _____ Date of Application : _____

(This application for employment shall be considered active for the current position applied for. Any applicant wishing to be considered for another position should inquire as to whether or not applications are being accepted at that time. (If no position is listed, the application will not be considered for employment.)

PERSONAL

Last Name: _____ First: _____ Middle: _____

Address: _____ City: _____ State/Zip: _____

Telephone #: _____ Cell Phone: _____ Social Security #: _____

Email : _____

Date Available: _____ Starting Wage Needed: _____

Will you accept shift work? yes no Will you accept weekend work? yes no

Have you ever been **CONVICTED** of a felony: yes no If yes, give dates, offense(s) and disposition: _____

Have you ever been excluded from participation in any federal or state Medicare, Medicaid or any other third party program or have such pending action? yes no If yes, a letter showing reinstatement is required for further consideration for employment.

Do you have an immediate family member working here? If yes, list name and relationship: _____

EMPLOYMENT HISTORY

List MOST RECENT position first. List other names used while employed with these employers.

Employer: _____ Supervisor: _____

Duties: _____

From: _____ To: _____ Ending Hourly Salary _____ Telephone #: _____

Reason for Leaving: _____

Employer: _____ Supervisor: _____

Duties: _____

From: _____ To: _____ Ending Hourly Salary _____ Telephone #: _____

Reason for Leaving: _____

Employer: _____ Supervisor: _____

Duties: _____

From: _____ To: _____ Ending Hourly Salary _____ Telephone #: _____

Reason for Leaving: _____

EDUCATION

SCHOOL	NAME AND LOCATION	COURSE OF STUDY	DID YOU GRADUATE?	LIST DIPLOMA/DEGREE
High School	_____	_____	_____	_____
Trade	_____	_____	_____	_____
College	_____	_____	_____	_____
Other	_____	_____	_____	_____

List health care, business, or industrial equipment that you operate proficiently: _____

PROFESSIONAL LICENSES, REGISTRATION AND/OR CERTIFICATIONS – DO NOT INCLUDE DRIVER’S LICENSE

TYPE	STATE ISSUED	DATE ISSUED	EXPIRES	NUMBER	ELIGIBLE
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

APPLICANT’S CERTIFICATION/SIGNATURE

I certify that all matters contained in this application are true, and that any misleading or false statements would render this application void and would be sufficient cause for immediate dismissal in the event of employment.
 I understand that this is an application for employment and that no employment contract is being offered.
 I understand that as a condition for employment I will be required to submit to a drug test according to Lisbon Area Health Services (LAHS) standards and if my drug test results are unsatisfactory, I will not be employed by LAHS.
 I further understand that as a condition for employment, a background report will be obtained and negative information may in whole or part disqualify me from employment with LAHS.
 I hereby authorize LAHS to investigate all matters contained in this application and to contact prior employers to obtain any and all information related to my past work performance.
 I agree, if employed to abide by all LAHS rules and regulations. I understand that such employment is for an indefinite period of time and that the company can change wages, benefits and conditions of employment at any time.
 I understand that I am required to immediately notify LAHS if any action is proposed to exclude me from participation in any federal or state Medicare, Medicaid or other third party payor program.
 All job offers are contingent upon the review of references, background checks, OIG excluded providers, and other relevant information. Any misleading or incorrect statements, omissions or failure to disclose any health care related criminal conviction or any threatened or actual debarment, exclusion or other ineligibility of participation in federally funded health care programs may remove this application from further consideration for employment and, if employed, may be cause for termination.

I have read and understand the above.

DATE _____ SIGNATURE _____

If you are selected for employment you must be prepared to verify your eligibility to work as required under the Immigration Reform and Control Act of 1986. This requirement applies to all new employees including U.S. citizens, permanent residents and non-immigrants. You will have to provide documents within 3 days of your hire date to verify your identify and eligibility to work.

**Catholic Health Initiatives
 Lisbon Area Health Services**

AN EQUAL OPPORTUNITY EMPLOYER
LAHS IS A TOTAL TOBACCO FREE CAMPUS

**VOLUNTARY EEO IDENTIFICATION
For Applicants**

Lisbon Area Health Services

Qualified applicants are considered for employment without regard to race, religion, sex, national origin, age, marital status, sexual orientation, veteran status, disability, or other protected characteristic.

Lisbon Area Health Services is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, we invite qualified applicants to voluntarily self-identify their race or ethnicity, gender, and veteran status (if applicable). Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Name _____ Address: _____

Position Applied For: _____

Gender: Male Female

Please select only one of the choices below: (Explanations of these categories are listed on the 2nd page of this form)

Ethnicity: Hispanic or Latino (white race only)
 Hispanic or Latino (all other races)

Race: White (not Hispanic or Latino)
 American Indian or Alaskan Native (not Hispanic or Latino)
 Black or African American (not Hispanic or Latino)
 Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)
 Asian (not Hispanic or Latino)
 Two or more races (not Hispanic or Latino)

Declines Self-Identification

SPECIAL NOTICE TO QUALIFIED VETERANS:

Regulations issued by the U.S. Department of Labor with respect to Vietnam Era veterans and other protected veterans require that federal contractors provide an opportunity for self-identification to candidates seeking employment. Such self-identification is submitted on a voluntary and confidential basis for use only in accordance with regulations, and without subjecting the individual to adverse treatment.

Veteran Classification(s): (Explanations of these categories are listed on the 2nd page of this form)

Recently Separated Veteran Armed Forces Service Medal Veteran Other Protected Veteran

Signature: _____ Date: _____

This form should be completed and returned to Lisbon Area Health Services as soon as possible.

Please return to: **Lisbon Area Health Services Attn: Human Resources, Po Box 353 Lisbon, ND 58054 Fax: 701-683-6444**

EXPLANATION OF THE CATEGORIES:

- **Hispanic or Latino (White Race only):** A person of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, and of the White Race.
- **Hispanic or Latino (all other races):** A person of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, and of any race other than White.
- **White:** A person having origins in any of the original peoples of Europe, North Africa or the Middle East
- **Black (or African American):** A person having origins in any of the black racial groups of Africa.
- **Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **American Indian or Alaskan Native:** Persons having origins in any of the original peoples of North America and South America (including Central America) and who maintains tribal affiliation or community attachment.
- **Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **Two or More Races (Not Hispanic or Latino)** - All persons who identify with more than one of the above five races.
- **Recently Separated Veteran** -- any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.
- **Armed Forces Service Medal Veteran** -- any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Other Protected Veteran -- a veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, under the laws administered by the Department of Defense.