**APPLICATION FOR EMPLOYMENT**

Due to the nature of our business, the state requires the following reviews be processed upon submission of an application: OIG/Adverse Actions/Exclusions. The ability to transport is part of all positions therefore, we will run a preliminary motor vehicle review via expresslane.org. If you are offered employment, a criminal background check and motor vehicle review will transpire via Southern Research. Any information received to the contrary of this application will be considered falsification. Should this occur, we will no longer continue with the interview process.

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| **APPLICATION MUST BE COMPLETE FOR EMPLOYMENT CONSIDERATION**  **ALL INFORMATION IS CONFIDENTIAL (Please Print Clearly)** | | | | | | |
| Applying for Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Full-Time or Part-Time    Availability *(select all that apply):* **\_\_\_\_**6am-2pm \_\_\_\_2pm-10pm \_\_\_\_10pm-6am \_\_\_\_Other:\_\_\_\_\_\_\_\_\_ | | | | | | |
| **PERSONAL INFORMATION** | | | | | | |
| Name: | | | Social Security #: | | | |
| Physical Address: | | | Date of Birth: | | | |
| City: | | | Driver’s License #: | | | |
| State & Zip Code: | | | Email Address: | | | |
| Home phone #: | | | Cell phone #: | | | |
| **EDUCATION** | | | | | | |
|  | School Name | | | Last Grade Completed | | Year Graduated |
| High School |  | | |  | |  |
| College |  | | |  | |  |
| Other |  | | |  | |  |
| **TRANSPORTATION** | | | | | | |
| Transportation is involved in most positions therefore; The Arc of East Ascension will run an initial motor vehicle review using https://expresslane.dps.louisiana.gov/.  Do you have reliable transportation? Y or N  Do you have a valid Louisiana Driver’s License? Y or N  Is your Registration and Inspection Sticker current? Y or N  Any major violations on your Motor Vehicle Report? Y or N  Do you have current car insurance? Y or N  If the current car insurance is not in your name, please provide the person’s name and relationship.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| Have you ever gone by a different last name(s)? If so please list: | | | | | | |
| How did you hear of our agency? Internet Paper Walk-In Referral - Name: | | | | | | |
| Have you ever applied here before? Y or N Have you worked here before? Y or N | | | | | | |
| Are you related to any current employees? Y or N List names here: | | | | | | |
| ***WORK EXPERIENCE & REFERENCES*** | | | | | | |
| List most recent employment first, the following will be the references we will contact. | | | | | | |
| Employer: | | | Telephone#: | | | |
| Address: | | | Supervisor: | | | |
|  | | | Start Date: | | | |
| Job Title: | | | End Date: | | | |
| Job Duties: | | | | | | |
| Reason for leaving: | | | | | | |
| Employer: | | | Telephone#: | | | |
| Address: | | | Supervisor: | | | |
|  | | | Start Date: | | | |
| Job Title: | | | End Date: | | | |
| Job Duties: | | | | | | |
| Reason for leaving: | | | | | | |
| Employer: | | | Telephone#: | | | |
| Address: | | | Supervisor: | | | |
|  | | | Start Date: | | | |
| Job Title: | | | End Date: | | | |
| Job Duties: | | | | | | |
| Reason for leaving: | | | | | | |
| Have you ever been convicted of a felony? Yes or No  If yes, please explain when, where, what reason, how long: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I hereby attest that all the information I have provided on this application is true to the best of my knowledge. I understand I can be dismissed if it is discovered that I have provided false or misleading information on this application.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Applicant’s Signature Date | | | | | | |
| ***PERSONAL REFERENCE*** | | | | | | |
| Name: | | Relationship: | | | Telephone#: | |