# Application for Employment

# LARC, Inc.

**303 New Hope Road Lafayette, La 70506**

##### TODAY’S DATE

**\_\_\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_**

Month Day Year

***For proper processing of your application, all questions and statements must be answered in full.***

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

**GENERAL INFORMATION**

***POSITION APPLYING FOR:***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Personal Care Attendant | SIL: Supported Independent Living | Residential Group Homes | Vocational Services | Van Driver | Other |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FULL NAME** Last First Middle

##### SOCIAL SECURITY #:\_\_\_\_\_\_ -\_\_\_\_\_\_-\_\_\_\_\_\_\_\_

(Required by State Regulations to check DSW Registry)

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**ADDRESS:** City: State: Zip Code:

**TELEPHONE:** Home:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Cell:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Alternate: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

##### EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you ever been convicted of a crime other than a minor traffic violation** Yes No

**Have you ever been convicted of sex related and/or child/adult abuse?** Yes No

***Convicted*** means you were declared guilty by a judge or jury or you pleaded guilty in court. A conviction may have taken place even if you did not pay a fine or spend time in jail or in prison. A conviction could have been for either a misdemeanor or a felony. A minor traffic violation is an infraction for which you would be ticketed. Driving while under the influence, driving with a suspended license, reckless driving, leaving the scene of an accident & vehicular homicide are not minor traffic violations. A criminal history investigation is done on each new employee, and employment with LARC is conditional, subject to the findings of a criminal history and motor vehicle report.

Answering yes to this question does not automatically disqualify you for employment; however, information obtained from the investigation will be used in the employment review process. **If yes, it is mandatory that you complete this section.** List each offense: date, charge, city, state and disposition.

**Have you previously been employed by LARC?** No Yes If yes, when? Dates: to

##### Do you have any relatives who are currently employed at LARC? Yes No

If yes, enter Name, Position, Department where employed and relationship for each relative on the lines below.

##### Are you authorized to work in the U.S.? Yes No

**Are you at least 21 years of age?** Yes No (Due to insurance purposes, employees of LARC must be at least 21 years of age to drive LARC, Inc. vehicles or drive personal vehicles for LARC, Inc. business.)

##### How did you hear about employment opportunities at LARC?

|  |  |  |
| --- | --- | --- |
| Louisiana Works | Walk‐in | Friend or relative |
| Newspaper Advertisement | Web site | Other |

VETERAN INFORMATION (Most recent)

|  |  |  |
| --- | --- | --- |
| Branch of Service: | Date of Entry: | Date of Discharge: |

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|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Indicate last year completed | Grade, Trade, or High School | | | Technical or Business School, College | Graduate School | |
| 1 2 3 4 5 6 7 8 9 10 11 12 | | | 1 2 3 4 | 1 2 3 4 5 6 | |
| Institution | Graduated?  Date? | Degree or Diploma | Name and Address of School(s) | | Major Course of Study | Minor Course of Study |

**HIGH SCHOOL**

**COLLEGE**

**BUSINESS, TRADE SCHOOL, OTHER**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Licenses, Certifications, Registrations Type | C = Current E = Eligible | Number | State | Year Received | Expiration Date |
|  |  |  |  |  |  |
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LARC is an Equal Opportunity Employer. This company does not and will not discriminate in employment and personnel practices on the basis of race, sex, age, handicap, religion, national origin or any other basis prohibited by applicable law. Hiring, transferring and promotion practices are performed without regard to the above listed items.

## Please read the following statement carefully then sign:

All offers of employment, oral and written, shall include the following statement: “This offer is contingent on LARC’s verification of employment history, education history and other information required by state law and LARC policies, including the completion of a criminal history check and a motor vehicle report”.

I certify that all information provided in all my application materials is true. I understand that any false statement made herein is sufficient reason for rejection of this application or termination of subsequent employment regardless of date of discovery. I authorize LARC to investigate all statements made in my application material for employment. I authorize such education institutions and employers and others (and their agents or employees) to respond to questions concerning information given to this application material and I further release from liability such form employers, institutions, or persons providing such information to LARC.

Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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EMPLOYMENT HISTORY

**INSTRUCTIONS: List former employers starting with the most recent one and working backwards in time, including periods of unemployment.**

Other names used in employment:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Start Date | End Date | Employer Name and |  | | | |
| Position Title | mo/yr | mo/yr | Phone number | Address | Supervisor | Briefly Describe Duties | Reason for Leaving |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
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**LIST THREE PERSONAL REFERENCES WHO ARE NOT RELATIVES:**

|  |  |  |
| --- | --- | --- |
| Name | Relationship | Phone Numbers |
|  |  |  |
|  |  |  |
|  |  |  |

What do you believe you can contribute to the LARC team.

Special Skills / foreign languages, etc.

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**General Employment Information**

#### All new Direct Service Workers (DSW) at LARC are required to attend 16‐hours of DSW training that will be provided by LARC. If you are not currently certified in CPR/First Aid, LARC will provide this training as well. Each department has different mandatory training requirements which will be provided by the LARC Training Department.

Name :**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant Availability**

Please indicate the times you are available each day noting the time you become available until the time you are not (for example 6am‐6pm). If you are not able to work on a particular day, please draw an X in the box.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SUNDAY** | **MONDAY** | **TUESDAY** | **WEDNESDAY** | **THURSDAY** | **FRIDAY** | **SATURDAY** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Please list any prior commitments that might conflict with your availability.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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Revised: 05/2018

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### 303 New Hope Road

### Lafayette, LA 70506

**Release and Waiver**

**Written Request for References**

#### Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please print)

The purpose of this form is to obtain the consent or decline of the undersigned applicant to the LARC, Inc. to obtain previous employment references that require written consent for release of information.

I am authorizing LARC to request and receive whatever information my previous employers may have regarding my employment, including my reason(s) for leaving. I am signing this Release and Waiver voluntarily and request that you respond to this reference inquiry with full and complete information.

Since this information is an important part of my application for employment with LARC, I therefore release any and all previous employers from any and all claims or causes of actions in law or equity, including but not limited to defamation of character or invasion of privacy, which might arise from responding to this reference check.

This signature **authorizes** my consent to release the information:

Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This signature **declines** this release of this information:

Signature: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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