

# APPLICATION FOR EMPLOYMENT

## The Arc Caddo-Bossier

351 Jordan Street • Shreveport, Louisiana 71101-4897  
318-221-8392

WE ARE AN EQUAL OPPORTUNITY EMPLOYER  
Children's Services • Employment Services • Residential Services

**The Arc Caddo-Bossier provides services to people with mental retardation and other developmental disabilities and their families.**

*We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, non-job related disability, sexual orientation, marital status, veteran status, or any other legally protected status.*

### Please Print

Last Name		First Name		Middle Name	
ADDRESS:	Number	Street (Rural Route/Box)	City	State	Zip Code
Home Phone		Work Phone		Cell Number	
Driver's License Number		State	Expiration Date		

1. Position applied for \_\_\_\_\_
2. Have you ever been employed with us before? .....  Yes  No  
If yes, give date \_\_\_\_\_
3. On what date would you be available for work? \_\_\_\_\_
4. Are you available to work:  full time  part time  shift work  temporary
5. Can you travel if a job requires it? .....  Yes  No
6. Have you ever been convicted of a felony? .....  Yes  No
7. I acknowledge that LA. R.S. 1300.51 through 1300.53 requires The Arc Caddo-Bossier to conduct a check of my criminal history, and I agree to be fingerprinted. ....  Yes  No
8. The Arc Caddo-Bossier is committed to being a drug-free agency.  
PRE-EMPLOYMENT DRUG SCREENING IS POLICY.
9. Do you have any relatives that work for The Arc Caddo-Bossier? .....  Yes  No  
If yes, who and what dept./division? \_\_\_\_\_
10. Please circle the number of years of education completed.  
0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
11. Please list any degrees, diplomas, or certifications attained: \_\_\_\_\_  
\_\_\_\_\_

# Employment Experience

May we contact your present employer?    Yes    No

Start with your present or last job. Include any job related military service assignments and volunteer activities.

You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

<b>1.</b>	Employer	Dates Employed	Work Performed / Reason for Leaving
	Address      Street (Rural Route/Box)	From:	
	City              State              Zip		
	Phone 1                              Phone 2	To:	
	Job Title                              Supervisor		
<b>2.</b>	Employer	Dates Employed	Work Performed / Reason for Leaving
	Address      Street (Rural Route/Box)	From:	
	City              State              Zip		
	Phone 1                              Phone 2	To:	
	Job Title                              Supervisor		
<b>3.</b>	Employer	Dates Employed	Work Performed / Reason for Leaving
	Address      Street (Rural Route/Box)	From:	
	City              State              Zip		
	Phone 1                              Phone 2	To:	
	Job Title                              Supervisor		
<b>4.</b>	Employer	Dates Employed	Work Performed / Reason for Leaving
	Address      Street (Rural Route/Box)	From:	
	City              State              Zip		
	Phone 1                              Phone 2	To:	
	Job Title                              Supervisor		

## References (Please List 3)

*Make sure this section is completed*

<b>1.</b>	Name	Home Phone	Work Phone
	Address      Street (Rural Route/Box)	City	State      Zip
<b>2.</b>	Name	Home Phone	Work Phone
	Address      Street (Rural Route/Box)	City	State      Zip
<b>3.</b>	Name	Home Phone	Work Phone
	Address      Street (Rural Route/Box)	City	State      Zip

*Describe any specialized training, skills and extra-curricular activities.  
Please include any job-related training received in the United States Military.*

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**Notice to Applicants:**

DO NOT ANSWER THE FOLLOWING QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Do you require any special accommodations to perform your duties as stated in job description?  Yes  No

## **Applicants Statement**

I certify that the answers given herein are true and correct to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

**X** \_\_\_\_\_

Signature of Applicant

Date

## **The Arc Caddo-Bossier Mission**

*To provide opportunities for children and adults with disabilities  
to realize their full potential, to fulfill their gifts and talents,  
and to become self-directed and contributing citizens*



# FOR H.R. USE ONLY

INITIALS

1. Is this application completed satisfactorily? .....  Yes  No \_\_\_\_\_
2. Any additions requested? \_\_\_\_\_ \_\_\_\_\_
3. Will this person be granted an interview?.....  Yes  No \_\_\_\_\_
4. Will this person be offered employment?.....  Yes  No \_\_\_\_\_
5. Do we have a copy of the Driver's License?.....  Yes  No \_\_\_\_\_
6. Do we have a copy of the Social Security Card? .....  Yes  No \_\_\_\_\_  
(or acceptable other for I-9)
7. Driving record checked by MVR?.....  Yes  No \_\_\_\_\_  
Remarks: \_\_\_\_\_ Date Checked \_\_\_\_\_ By Whom: \_\_\_\_\_
8. Received fingerprints? .....  Yes  No \_\_\_\_\_
9. Red Cross CPR Card (Current)? .....  Yes  No \_\_\_\_\_
10. Red Cross First Aid Card (Current)? .....  Yes  No \_\_\_\_\_

**Division**

**Interviewed By**

Employment _____	_____
Children _____	_____
Residential _____	_____
Admin _____	_____
Other _____	_____