

APPLICATION FOR EMPLOYMENT

(Please Print Clearly)

Confidential

Personal Information

Date of Application _____ Date Available _____

Name _____
Last First Middle Social Security Number _____

Present Address _____
Street City State Zip Code Phone Number _____

Permanent Address (if Different than Present Address) _____
Street City State Zip Code Phone Number _____

If you cannot be reached at above phone number, where may we contact you? Name of Person _____ Phone _____

Employment Desired

Type of Work Desired	Shift	Salary
First Choice		
Second Choice		
Third Choice		

Will You Accept Employment of: Full Time? Part Time? Temporary?

Are You 18 Yrs. of Age or Older? Yes No

Are You Employed Now? Yes No

May We Contact Your Present Employer? Yes No

How Did You Learn Of This Opening? _____

Education

Circle Highest Grade Completed 8 9 10 11 12 Scholastic Honors Received _____
 13 14 15 16

	Name of School	Location (City, State)	Courses Taken	Completed	Type of Degree or Certificate Received
Grammar or Grade School				<input type="checkbox"/> No <input type="checkbox"/> Yes	
High School				<input type="checkbox"/> No <input type="checkbox"/> Yes	
College				<input type="checkbox"/> No <input type="checkbox"/> Yes; _____ Date	
Vocational or Business				<input type="checkbox"/> No <input type="checkbox"/> Yes; _____ Date	
Professional Education				<input type="checkbox"/> No <input type="checkbox"/> Yes; _____ Date	
Laboratory or X-Ray Training				<input type="checkbox"/> No <input type="checkbox"/> Yes; _____ Date	

Extracurricular Activities While in School _____

Member of Professional Organizations _____

Honors Received, Volunteer or Community Service or Other Qualifications You Have Which You Feel Are Related to the Position for Which You Are Applying: _____

Were you in the U.S. Armed Forces? Yes No If yes, what branch? _____

Dates of Duty: From _____ / _____ / _____ To _____ / _____ / _____ Rank at Discharge _____

Professional Licenses and/or Certifications

Type	Organization or State Issued	Date Issued	Number	Verif.

Employment Record (list last or present position first)

Present and Former Employers	Dates Employed	Salary Range	Position & Duties
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	_____ _____ _____
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	_____ _____ _____
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	_____ _____ _____
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	_____ _____ _____
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	_____ _____ _____
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	_____ _____ _____

If your former employment references, education or military service are under a name other than indicated on front of application, please indicate below.

Last _____ First _____ Middle Initial _____

Have you ever been convicted of a crime? Yes No If Yes, for what, when and where? _____

Conviction of a criminal offense will not necessarily preclude your employment.

Use this space to give us further information which will assist us in placing you, including at least two personal references not related to you, whom you have known at least one year.

Do Not Answer Questions In This Area - To Be Completed After Employed

Date of Birth _____ Marital Status _____ Sex _____ Nationality _____ Number and Ages of Children _____

Notify In Case of Emergency:

Name _____ Relationship _____

Street _____ City _____ State _____ Zip Code _____ Telephone _____

What Language(s) (Other than English) Do You Speak? _____

Employment Understanding (Please Read and Sign)

This institution does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, Vietnam era veteran status, or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take the physical examination, and such future physical examinations as may be required by this institution at such times and places as the institution shall designate. I understand that an offer of employment may be contingent on passing the physical examination which relates to the essential duties I would be required to perform.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

If employed, I will be required to complete an Employment Verification Form (I-9), and within three days show satisfactory evidence of identity and eligibility for employment.

Applicant's Signature _____
Date

Please Indicate Days and Hours You Are Available For Work (Be Specific) **Availability Record**

Day	From	To
Sunday	A.M.	A.M.
	P.M.	P.M.
Monday	A.M.	A.M.
	P.M.	P.M.
Tuesday	A.M.	A.M.
	P.M.	P.M.
Wednesday	A.M.	A.M.
	P.M.	P.M.
Thursday	A.M.	A.M.
	P.M.	P.M.
Friday	A.M.	A.M.
	P.M.	P.M.
Saturday	A.M.	A.M.
	P.M.	P.M.

Primary position desired _____

Will you accept another position? Yes No

If so, what? _____

Are you available to work:

Weekends?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Holidays?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rotating Shifts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Do you limit your annual earnings due to Social Security or other reasons?

Yes No

If yes, please state what is the maximum amount you wish to earn _____

If your availability changes, it is your responsibility to fill in an "Availability Card" indicating the changes. Such changes will be effective, then, for any future employment.

I understand that emergency conditions may require me to temporarily work shifts other than the one for which I am applying and agree to such scheduling change as directed by my department head or administrator of this institution.

Applicant's Signature _____
Date

Interviewers Comments		
Interviewer	Date	Comments

Reference and Prior Employment Check		
Individual Contacted	Name of Firm	Results of Check

For Personnel Office Use		
Hired _____	For what department _____	Position _____
Salary _____ per	Year Month Hour	Starting Date _____



I, _____, give Maison du Monde Living Center and its representatives authorization to complete a reference check. I understand that all information will be used for the sole purpose of my employment screening.

Applicant's Signature

Date

_____ has applied for the position of _____ with our facility and has listed you as a former employer. As a part of our hiring process, your answers to the following questions would be appreciated.

Please provide an evaluation of the following as they apply to the applicant's former job responsibilities:

	Unsatisfactory	Marginal	Satisfactory	Above Standard
Attendance				
Attitude				
Work Performance				
Character				

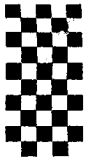
Would you rehire this individual? Yes No

Do you recommend this individual for employment? Yes No

Comments:

Company Representative's Name/Title/Signature

Date



REQUEST FOR LOUISIANA STATEWIDE CRIMINAL HISTORY SEARCH

For official use only

AUDIT NUMBER: LSP1307

Form Revised January 2007

SRC Account Number: 20400	Fax #: (337) 893-5438	Phone Number: (337) 892-2332
Customer: MAISON DU MONDE NURSING CENTER		

Facility requesting criminal history records for employment purposes pursuant to LA R.S. 40:1300.52:

As provided for in LA R.S. 40:1300.52 - criminal history information search which has been approved by the Louisiana Bureau of Criminal Identification and Information within the Department of Public Safety and Corrections, Office of the State Police.

Authorized Agents requesting search: **Roy R. Schultz or T. J. Ostendorff, III, with**

SOUTHERN RESEARCH COMPANY, INC.
 2850 Centenary Blvd., Shreveport, LA 71104 • Phone 888-772-6952 • Fax 888-429-5604
 Email: background@southernresearchinc.com • www.southernresearchinc.com

APPLICANT INFORMATION - PLEASE PRINT (WRITE ONLY FOR DATE)				
Last Name	First Name	Middle Name	Social Security Number	
*** Include Maiden name and/or previous married name(s) if applicable ***				
☛ An additional \$13.75 will be charged for each aka name and maiden name ☛				
aka/maiden name	aka/maiden name	aka/maiden name	aka/maiden name	
Date of Birth (mm/dd/yyyy)	Gender	Race	Driver's License Number	State
/ /	Male Female			

Please check if **Social Security Number Trace** is needed

Authorization to Disclose Criminal History Record Information

As a new or prospective employee of the above Facility, I understand that a thorough investigation will be conducted of any record of past criminal activities that are maintained in the files of the Louisiana Department of Public Safety and Corrections, Office of State Police.

By my signature below, I hereby authorize such an investigation and further authorize the release of all criminal record information, which may confirm or deny my eligibility for employment with the Facility named above. Further, I waive such legal rights if any that I may have and do release any and all persons from the liability in connection with furnishing such information about me to the above listed Authorized Agent for the Facility with whom I am making application.

☛ Applicant's Signature: _____ (Please Use Ink only)

Witness: _____ Date: ____/____/____

SEARCH RESULTS (Please do not write below this line - for official Use Only)

Applicant listed on the National Sex Offenders Registry: YES NO

CRIMINAL RESULTS

CHECK HERE IF "NO RECORD FOUND" _____

CHECK HERE IF "RECORD(S) FOUND" _____ (See attached report)

It is understood, owing to the fact that no fingerprint cards were submitted, that this bureau cannot guarantee in any manner the positive identity of this record(s) being furnished to you in order that you may determine whether it pertains to the individual listed above.

DATE: ____/____/____ RECORD CHECKED BY: _____

**** AUTHORIZED AGENT STAMP:

