

HOME ASSISTANCE SERVICES, INC.

**1408 North 7th St.
West Monroe, LA 71291**

Phone Number: (318) 699-8914

Fax Number: (318) 699-9455

Thank you for inquiring about employment with our company. If you would like you may take this application with you and bring it back or mail back to us. Once we receive the application back, we will complete a screening form with you. This screening form will help us to better understand your request for employment. If you need any help with this application, please ask.

****WE WILL NEED A COPY OF THE FOLLOWING ITEMS:**

- **DRIVERS LICENSE**
- **SOCIAL SECURITY CARD**
- **AUTO INSURANCE CARD**
- **WE WILL NEED THE DATE YOUR INSPECTION STICKER EXPIRES**
- **ANY CERTIFICATIONS THAT YOU MAY HAVE
(CPR, FIRST AID, & C N A)**

APPLICATION INSTRUCTIONS

PAGE 1---COMPLETE ALL INFORMATION COMPLETELY

PAGE 2---COMPLETE WITH AS MUCH INFORMATION AS YOU CAN. IF YOU HAVE A RESUME YOU CAN ATTACH IT TO THIS APPLICATION, BUT PLEASE FILL OUT THIS PAGE ANYWAY. WE MUST BE ABLE TO CONTACT AT LEAST 3 PREVIOUS EMPLOYERS FOR REFERENCE CHECKS.

PAGE 3---PLEASE CIRCLE THE TOP NUMBER ACCORDING TO THE QUESTION ASKED AND SIGN AND DATE AT THE BOTTOM.

PAGE 4--- ONLY SIGN AND DATE THE BOTTOM OF THE PAGE.

PAGE 5--- SRC FORM (THIS IS THE LAST FORM TO FILL OUT)
PLEASE SIGN **ONLY** THE APPLICANTS SIGNATURE
DO NOT SIGN WITNESS BLANK AND **DO NOT** DATE

Please fax your completed application to **318-699-9455**



HOME ASSISTANCE SERVICES, INC.
P.O. Box 1100
West Monroe, Louisiana 71294

EMPLOYMENT APPLICATION

WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, DISABILITY, MARITAL OR VETERANS STATUS, OR ANY OTHER LEGALLY PROTECTED STATUS.

Date: _____ Social Security Number: _____

Name: _____ Telephone Number: _____
 2nd Number: _____

Address: _____
 Street City State Zip Code

Position(s) applied for: _____

Earnings expected: _____ Wanting: Full-Time _____ Part-Time _____ Temporary _____

Are you currently employed? _____ May we contact your present employer? _____

Have you ever been employed with us before? _____ If yes, give date(s) _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? ____
 (Proof of citizenship or immigration status will be required upon employment)

Have you ever been arrested? _____
 (Arrest will not necessary disqualify an applicant from employment)

If yes, explain: _____

Have you ever been convicted of a felony? _____
 (Conviction will not necessary disqualify an applicant from employment)

If yes, explain: _____

Do you have the appropriate, valid, updated driver license? _____

Driver License Number: _____ Type: _____ State of Issue: _____

Have you had any moving violations? _____ Please describe: _____

***Note: Employees are permitted access to personal files, and have the right to add any comments.**

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT EXPERIENCE

Start with your present or last employer. 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.

1. Employer: _____ Dates Employed: From _____ To _____

Address: _____ Telephone Number(s): _____

Job Title: _____ Supervisor: _____

Hourly Rate/Salary: Starting _____ Final _____

Worked Performed: _____

Reason for Leaving: _____

2. Employer: _____ Dates Employed: From _____ To _____

Address: _____ Telephone Number(s): _____

Job Title: _____ Supervisor: _____

Hourly Rate/Salary: Starting _____ Final _____

Worked Performed: _____

Reason for Leaving: _____

3. Employer: _____ Dates Employed: From _____ To _____

Address: _____ Telephone Number(s): _____

Job Title: _____ Supervisor: _____

Hourly Rate/Salary: Starting _____ Final _____

Worked Performed: _____

Reason for Leaving: _____

Professional References (Pastor, Teacher, Supervisor, School Advisor)

| Name | Title | Phone Number | Best Time To Contact |
|-------|-------|--------------|----------------------|
| _____ | _____ | _____ | AM _____ PM _____ |
| _____ | _____ | _____ | AM _____ PM _____ |
| _____ | _____ | _____ | AM _____ PM _____ |

CIRCLE NUMBER OF YEARS OF EDUCATION COMPLETED: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12.

| <u>Name of School</u> | <u>Address</u> | <u>Graduated</u> (If no see above) |
|-----------------------|----------------|---------------------------------------|
| High School: _____ | | Yes _____ No _____ |
| Trade School: _____ | | Yes _____ No _____ |
| College: _____ | | Yes _____ No _____ |
| Other: _____ | | Yes _____ No _____ |

Please List any vocational or other work-related courses you have completed: _____

If you graduated from College, what was your degree? _____

Major: _____ Minor: _____

Education Background will not be considered a bar to employment opportunities except where job related.

OTHER QUALIFICATIONS:

Summarize special job-related skills and qualifications from employment, military service, or other experience.

APPLICANTS STATEMENT:

I certify that answers given here in are true and complete 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. I understand and agree that my previous employers, educational institutions, and references may be asked for information concerning my employment. Character, ability, or experience, and release from liability any person giving or receiving such information.

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.

I understand the company reserves that right to require pre-employment physical examinations which may include drug and alcohol screening test. I also understand the Company has the right to do random drug testing. In the event of such test, I authorize the results to be released to the company.

If hired, I consent and agree that the company shall have the right to search my person as well as my personal located on company property for the specific purpose of investigating violations of company rules or to protect the welfare and safety of the employees, clients, the company or the company's property.

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.

APPLICANTS SIGNATURE

DATE

HOME ASSISTANCE SERVICES, INC.

FAX: 318-699-8914

BUSINESS REFERENCE

(Fax as requested)

OFFICE USE SIGNATURE ONLY

Date:

Employee Name:

Business Reference:

Att:

Phone:

Dates of Employment: From _____
To _____

Job Title: _____

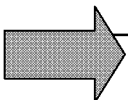
| | | | |
|--------------------------|------------------|-------------|-------------|
| Work Performance: | Excellent | Fair | Poor |
| Dependability: | Excellent | Fair | Poor |
| Attitude: | Excellent | Fair | Poor |

Rehire: Yes No

Comments:

APPLICANTS STATEMENT

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand and agree that my previous employers, educational institutions, and references may be asked for information concerning my employment. Character, ability, or experience, and release from liability any person giving or receiving such information.



APPLICANTS SIGNATURE

DATE