## Behavioral Specialists of Louisiana Employment Application

Please print clearly. A written signature must be included in this application submission. Email to <a href="mailto:behavioralspecialistsofla@gmail.com">behavioralspecialistsofla@gmail.com</a>.

Position(s) Applying for:					
How did you find out abou	. [	Referred by I	Newspaper Ad Behavioral Special Behavioral Special Word of Mout	lists of Louisiana lists of Louisiana	employee
Contact Information					
Full Name:					
Mailing Address:					
City:		State: _	Zip:		
Email Address:			. <u></u>		
Home Phone:		Alterna	te Phone:		
<b>Personal Information</b> Do you possess a valid driv	ver's license?	□Yes	□No		
Do you possess automobile liability insurance?		ance? 🗖 Yes	□No		
Can you, after employmen	it, submit proof	of your legal r	right to work in th	e United States?	Yes 🗆 No
Are you able to independe thirty-five (35) pounds?	ently and repeat	tedly lift, move	e, and carry object	s weighing a mi	nimum of
Are you currently at least 18 years old?		□Yes	□No		
Certificates and Licenses					
Туре	License Number	Issued By		Date Issued	Date Expires
Preferred schedule	Set schedule	Flexi	ble schedule	 ⊒Either	

<b>Education</b> Indicate your level of compl	eted education:			
☐ High School Diplo	oma 🗖 High S	chool Equivalency Ce	rtificate	
☐Community Colle	ge/Technical School	☐Undergraduate Ur	niversity	aduate School
Are you currently a student	? □Yes [	□No		
Education History				
High School Name:		Locati	ion:	
University or Technical School Name, City, and State	Type of Study	Area(s) of study	Hours Completed	Degree Attained and Date
	☐Undergraduate ☐Graduate ☐Continuing ☐Education			□No □Yes and Date ————————————————————————————————————
	☐Undergraduate ☐Graduate ☐Continuing ☐Education			□No □Yes and Date 
	□Undergraduate □Graduate □Continuing □Education			□No □Yes and Date 
Work History Describe your work experied volunteer work, self-employ  1. Present or last job			•	•
Employer:				
Job Title:				
Address:				
Phone:		Supervisor:		
From (Month/Year)	/to	)/		
Hours worked per week	::	Salary:		_
Number of employees y	ou supervised:	May we conta	act this employe	r? □Yes □No

Employer:			-	
Job Title:			-	
Address:			_	
Phone:		Supervisor:		_
From (Month/Year)	/ to	/		
Hours worked per week:		Salary:		
Number of employees you supe	ervised:	May we contact this	employer? □Yes □	<b>]</b> N
3. Your next most recent job				
Employer:				
Job Title:			-	
Address:			_	
Phone:		Supervisor:		_
From (Month/Year)	/ to	/		
Hours worked per week:		Salary:		
Number of employees you supe	ervised:	May we contact this	employer? ☐Yes ☐	JN
Attach additional pages with jol	b history that wou	ld help us determine yo	ur qualifications.	
ork Skills				
ate your experience in working wi	th the following us	sing the scale below:		
1 2 D experience Limited Experience	3 Some Experience	4 e Good Experienc	5 ce I'm an Expo	
<ul><li>Microsoft Word, including c</li><li>Microsoft Excel, including c</li></ul>		• • •		
<ul> <li>Using a touch tablet, either</li> <li>Adobe Acrobat, including not</li> <li>Operating a laptop connect</li> <li>Operating a gaming system</li> </ul>	Android or iPad avigating PDFs, cre ed to a LCD projec	tor or television	- - -	
<ul><li>Using a touch tablet, either</li><li>Adobe Acrobat, including no</li><li>Operating a laptop connect</li></ul>	Android or iPad avigating PDFs, cre led to a LCD projec , such as Xbox, Pla	tor or television yStation or Wii	  -  -  -  -  -	
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## **Criminal Background Checks**

Criminal background checks are conducted on prospective employees, temporary personnel, and non-licensed consultants or independent contractors as a component of the hiring process and in advance of provision of services through Behavioral Specialists of Louisiana.

Behavioral Specialists of Louisiana applies standards established through the Louisiana Medicaid program for unlicensed persons providing personal care or other services and supports to persons with disabilities or to the elderly to enhance their well-being, and who is involved in face-to-face direct contact with the person and is compensated through state or federal funds. These standards are outlined in *LAC 48:1 Ch 92 Subchapter A 9201*. In addition, Behavioral Specialists of Louisiana will not hire or retain any person who is listed on the Louisiana Direct Support Worker Adverse Actions Registry.

## **Consent and Certification**

I consent to the release of information concerning my capacity and/or all aspects of prior job performance by employers, educational institutions, and other individuals and agencies to Behavioral Specialists of Louisiana for the purpose of determining my eligibility and sustainability for employment.

I certify that all statements made on this application and any attached papers are true and complete to the best of my knowledge. I understand that the information on this application may be subject to investigation and verification and that any misinterpretation or material omission may cause my application to be rejected, my name to be removed from consideration for hire and/or subject me to dismissal from employment with Behavioral Specialists of Louisiana.

Signature of Applicant:	Date:

I have read the statements above carefully before signing this application: