

Behavioral Specialists of Louisiana Employment Application

Please print clearly. A written signature must be included in this application submission. Email to behavioralspecialistsofla@gmail.com.

Position(s) Applying for: _____

Preferred Location: Shreveport Winnfield Please consider my application at both locations

How did you find out about this job? Website Newspaper Ad Online Ad

Referred by Behavioral Specialists of Louisiana employee Name _____

Referred by Behavioral Specialists of Louisiana family Career Fair Word of Mouth Other

Contact Information

Full Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Home Phone: _____ Alternate Phone: _____

Personal Information

Do you possess a valid driver's license? Yes No

Do you possess automobile liability insurance? Yes No

Can you, after employment, submit proof of your legal right to work in the United States? Yes No

Are you able to independently and repeatedly lift, move, and carry objects weighing a minimum of thirty-five (35) pounds? Yes No

Are you currently at least 18 years old? Yes No

Certificates and Licenses

| Type | License Number | Issued By | Date Issued | Date Expires |
|------|----------------|-----------|-------------|--------------|
| | | | | |
| | | | | |

Preferred schedule Set schedule Flexible schedule Either

Education

Indicate your level of completed education:

- High School Diploma High School Equivalency Certificate
 Community College/Technical School Undergraduate University Graduate School

Are you currently a student? Yes No

Education History

High School Name: _____ Location: _____

| University or Technical School Name, City, and State | Type of Study | Area(s) of study | Hours Completed | Degree Attained and Date |
|--|--|------------------|-----------------|---|
| | <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Continuing <input type="checkbox"/> Education | | | <input type="checkbox"/> No <input type="checkbox"/> Yes and Date _____ |
| | <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Continuing <input type="checkbox"/> Education | | | <input type="checkbox"/> No <input type="checkbox"/> Yes and Date _____ |
| | <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Continuing <input type="checkbox"/> Education | | | <input type="checkbox"/> No <input type="checkbox"/> Yes and Date _____ |

Work History

Describe your work experience, beginning with your current or most recent job. Include military service, volunteer work, self-employment, part-time employment, and work as a stay-at-home parent.

1. Present or last job

Employer: _____

Job Title: _____

Address: _____

Phone: _____ Supervisor: _____

From (Month/Year) _____ / _____ to _____ / _____

Hours worked per week: _____ Salary: _____

Number of employees you supervised: _____ May we contact this employer? Yes No

2. Your next most recent job

Employer: _____

Job Title: _____

Address: _____

Phone: _____ Supervisor: _____

From (Month/Year) _____ / _____ to _____ / _____

Hours worked per week: _____ Salary: _____

Number of employees you supervised: _____ May we contact this employer? Yes No

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 supervised: _____ May we contact this employer? Yes No

Attach additional pages with job history that would help us determine your qualifications.

Work Skills

Rate your experience in working with the following using the scale below:

| | | | | |
|---------------|--------------------|-----------------|-----------------|---------------|
| 1 | 2 | 3 | 4 | 5 |
| No experience | Limited Experience | Some Experience | Good Experience | I'm an Expert |

- Microsoft Word, including creating /editing documents, pasting in tables from Excel _____
- Microsoft Excel, including creating tables, graphs, and charts _____
- Using a touch tablet, either Android or iPad _____
- Adobe Acrobat, including navigating PDFs, creating PDFs _____
- Operating a laptop connected to a LCD projector or television _____
- Operating a gaming system, such as Xbox, PlayStation or Wii _____

Why are you interested in working with children and young adults with disabilities? _____

Criminal Background Checks and Drug Testing

Criminal background checks and drug testing 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 Office of the Inspector General Exclusion List, SAM Federal Contractor Exclusion List, or 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.

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

Signature of Applicant: _____

Date: _____