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(s) [che How did you find out abou Referred by Behaviora Referred by Behaviora	ut this job? uv I Specialists of L	Vebsite □News ouisiana employ	paper Ad Onli vee Name	ne Ad	
Contact Information					
Full Name:					
Mailing Address:					
ity:		State:	Z	ip:	
Email Address:					
ome Phone:		Alternate	Phone:		
Personal Information					
Do you possess a valid driv	ver's license? [Yes	□No		
Do you possess automobil Can you, after employmen	•		□No ht to work in th	e United States?	□Yes □No
Are you able to independe thirty-five (35) pounds?	ently and repeat	edly lift, move, a	and carry object No	s weighing a mir	imum 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 ☐ Flexible schedule ☐ Either

Indicate your level of comple	eted education:				
☐ High School Diploma ☐ H	igh School Equivalend	cy Certificate			
☐Community College/Techr	nical School	rgraduate University	☐Graduate Scl	hool	
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	
	☐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 experien volunteer work, self-employed. 1. Present or last job	ment, part-time emp	loyment, and work as a	a stay-at-home	•	
Employer: Job Title:					
Address:					
Phone:		Supervisor:			
From (Month/Year) / to Hours worked per week:		Salary:			
Number of employees yo				- r? □Yes □No	

7.001.033.				
Phone:				
	onth/Year)			
	orked per week:			
Number o	of employees you supe	ervised:	May we contact th	is employer? ☐Yes ☐N
3. Your	next most recent job			
Employer	:			
Job Title:				
Address:				
Phone: _			Supervisor:	
From (Mo	onth/Year)	/ to	/	
Hours wo	orked per week:		Salary:	
Number o	of employees you supe	ervised:	May we contact th	is employer? ☐Yes ☐N
ork Skills ate your exp 1	oerience in working wi 2	ith the following u	sing the scale below:	5
ovnorionco	Limited Experience	Some Experienc	e Good Experie	nce I'm an Expert
experience				

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.

Signature of Applicant:	Date:

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