

THE GLEN RETIREMENT SYSTEM

Mon Ami, A Private Caregiver Service - 411 E. Flournoy Lucas Rd., Suite 200
Shreveport, LA 71115 - (318) 629-1069

Application for Employment

YOU MUST FILL IN YOUR OWN APPLICATION

All applicable questions must be answered for this application to be considered. This application will be considered current for only 30 days from its date (below). To be considered after that time you must renew your application for employment in writing.

Important Notice

It is a crime in Louisiana to knowingly and intentionally provide false information on this employment application or to provide false oral statements during employment interviews in order to obtain employment as a caretaker at this facility, if the false information is relevant to the care taking obligation. La. R.S. 14:126.3.

PERSONAL INFORMATION

Date of Application: _____

Social Security No. | | | | ■ | | ■ | | | |

Name: _____
LAST FIRST MIDDLE

Any Other Name Used: _____
LAST FIRST MIDDLE

Current Address: _____ How long there? _____
NO. & STREET CITY STATE ZIP

Previous Address: _____ How long there? _____
NO. & STREET CITY STATE ZIP

Telephone Number: _____ Alternate Number: _____

Who referred you to Mon Ami? _____

Do you have the legal right to work in the United States? Yes No
(Upon employment, you will be required to furnish written proof of citizenship or immigration status.)

Are you at least 18 years of age? Yes No
If no, give age: _____
(If hired, proof of status will be required.)

Have you ever been convicted of a crime other than a minor traffic violation? Yes No
(Commission or conviction of a crime is not an automatic bar to employment. All circumstances will be considered.)

If so, give date(s): _____ Offense: _____ Ruling or Outcome: _____

EDUCATION

CIRCLE YEARS ATTENDED IN	NAME & LOCATION OF SCHOOL	YEAR YOU LEFT	DID YOU GRADUATE?	
			YES	NO
Grade School 1 2 3 4 5 6 7 8	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
High School 1 2 3 4	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
College 1 2 3 4 5 6 7	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Trade School 1 2 3 4	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL TRAINING/SKILLS INFORMATION

Special Certifications/Publications: _____

Skills and Information relating to position applied for, or of general interest: _____

Describe hobbies, special interests, awards and activities: _____

U.S. MILITARY SERVICE

Present Classification: _____

Are you a member of National or State Guard or Active Reserve? Yes No

BRANCH	DATES		RANK WHEN ENTERING	RANK WHEN DISCHARGED
	FROM	TO		

Kind of training: _____

IF LICENSED, REGISTERED, OR CERTIFIED: DATE ISSUED: _____ TYPE: _____
 NUMBER: _____ STATE ISSUED: _____ EXPIRATION: _____

JOB SOUGHT

Position applied for: _____ Wage or salary desired: _____ hrly wkly mnly

Type of employment desired (check one) Full-time Part-time

Shift / hours preference: _____

Are you willing to work weekends? Yes No

Are there any times of the day, days of the week or days during the year that you cannot work?

Times of the day: _____ Days of the week: _____ Days during the year: _____

Date available to begin work: _____ If hired, how will you get to work? _____

EMPLOYMENT

Have you ever worked at any Glen Facility ? Yes No If so, when? _____

Have you ever before applied for work with Mon Ami? Yes No If so, when? _____

Do you intend to work anywhere else in addition to working at Mon Ami? Yes No

If so, where? _____

How did you learn of Mon Ami? (Check one) Internet Newspaper Other: (Please explain) _____

LIST ANY RELATIVES OR FRIENDS EMPLOYED BY MON AMI OR ANY OF THE GLEN FACILITIES:

NAME	RELATIONSHIP	WHERE EMPLOYED

REFERENCES — PLEASE LIST THREE BUSINESS PEOPLE, PROFESSIONALS, OR OTHER PERSONS TO WHOM YOU COULD TURN FOR HELP.
 DO NOT LIST RELATIVES, FORMER EMPLOYERS, OR EMPLOYEES OF THE GLEN.

1.	Name	How long known	Occupation	Telephone
	Complete Address			
2.	Name	How long known	Occupation	Telephone
	Complete Address			
3.	Name	How long known	Occupation	Telephone
	Complete Address			

WORK HISTORY — PLEASE ACCOUNT FOR YOUR TIME FOR AT LEAST THE PAST TEN YEARS. BEGIN WITH PRESENT AND WORK BACKWARDS.

Name of present (or most recent) employer		Employer's business	
Complete address (street/city/zip)			Telephone no.
Nature of your work			Average work week
Date of Hire	Starting wages	Date of Separation	Final wages
Name of supervisor			
Give details on why you left (or plan to leave) this employer.			

Employer		Employer's business	
Complete address (street/city/zip)			Telephone no.
Nature of your work			Average work week
Date of Hire	Starting wages	Date of Separation	Final wages
Name of last supervisor			
Give details on why you left this employer.			

Employer		Employer's business	
Complete address (street/city/zip)			Telephone no.
Nature of your work			Average work week
Date of Hire	Starting wages	Date of Separation	Final wages
Name of last supervisor			
Give details on why you left this employer.			

If additional space is needed for the past 10 years, attach a separate sheet and give same information called for above.

PLEASE GIVE ANY ADDITIONAL INFORMATION YOU FEEL MAY HELP US IN CONSIDERING THIS APPLICATION:

AGREEMENT (Read Carefully)

I, the undersigned, agree to the following: (1) That all information supplied in this application and any attached résumé is true and correct and that any false or misleading information furnished by me regarding my application will be sufficient cause for rejection of this application or immediate dismissal if employed by Mon Ami; (2) That, if such is required, I will take a drug/alcohol screen test during the application process or during employment if hired, and, if required, will submit to a physical examination after a conditional offer of employment, if one is made, or during employment if hired and will permit the results to be released to Mon Ami and to release all persons and companies from any liability arising out of such examination or testing; (3) That during my employment with Mon Ami, if hired, I will report to Mon Ami any criminal conviction within five days of that conviction; (4) That if hired, I agree to abide by and observe all rules of Mon Ami and regulations and agree that my employment is at-will and can be terminated with or without cause and with or without notice at any time at either the option of Mon Ami or the employee and that those terms can only be modified by the Executive Director of Mon Ami, in writing, provided that such writing specifically acknowledges that it is a modification of this agreement and is signed by the Executive Director; (5) That no supervisor, agent, representative or employee of Mon Ami has now or has had in the past any authority to enter into any agreement or employment for a specified period of time, or to make any agreement which is contrary to or a modification of the above terms, nor can any policies of Mon Ami, either written or oral, modify the above terms; (6) That if hired, I may be on a ninety (90) day introductory period during which time I may be discharged without recourse; and (7) That the use of this application form does not indicate there are any positions open and does not in any way obligate Mon Ami or its associated organizations.

RELEASE (Read Carefully)

I, the undersigned, authorize all educational institutions which I have attended, all branches of U.S. military service in which I have served, all of my former and present employers, all credit bureaus, all court systems and all of the representatives of those organizations to furnish The Glen Retirement System, or its subsidiaries (Mon Ami), associated organizations or representatives any and all information concerning my education, military service, former employment, credit history and/or criminal convictions. In addition, I hereby agree to hold harmless and to release all of said organizations, institutions, services, employers, bureaus, courts and representatives from any and all claims that I may have, or which may arise, against any and/or all of them, including The Glen Retirement System, its subsidiaries (Mon Ami), associated organizations and representatives as a result of their furnishing information to The Glen, its subsidiaries, associated organizations or representatives.

Date: _____ Signature of applicant: _____

***The Glen Retirement System is an Equal Opportunity Employer.
All applications are considered for employment without regard to race, color,
sex, gender, marital status, age, religion, national origin, veteran's status, disability that can be
accommodated without undue hardship, or any other legally protected characteristic or activity.***