

MEMORANDUM

TO: All Applicants

FROM: Human Resources Department

In order to be considered for employment you <u>must</u> be at least <u>21</u> years of age and <u>provide copies of the following with your completed application for employment:</u>

- > A copy of your valid Louisiana Driver's License
- ➤ A copy of your High School Diploma or GED
- > Three (3) letters of reference

Applications will be accepted until position(s) are filled.

For additional information about the position(s) you are applying for, you can review copies of the Job Descriptions by clicking on the position you are interested in on our website, Terrebonnearc.org, or you can ask to review copies of them at the Front Desk.

Upon Hire, the following documents will be required:

- Original social security card which matches the name on your Driver's license
- Proof of auto insurance
- ➤ Proof of Covid-19 vaccination or medical/religious exemption

Thank you for applying with our agency!

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Applicant name:	Date:					
Position(s) applied for or type of work desir	red: (Check all that Appl		Priver [Adm. Flo	ater	
Floater T.E. 1 DSW Options	CLS Resident	tial Floater	Commu	unity Home M	I anager	
Other(Specify):						
Address:	City, State,	tate, Zip:				
Telephone #:	Email Addr	dress:				
Type of employment desired:full-						
Wage or Salary Desired: Date you will be available to start work:						
Do you have any objection to working over	time if necessary?	Yes	No			
Can you travel if required by this position?		Yes	No			
Have you ever been previously employed by	y TARC?	Yes	No	If so, when		
Can you submit proof of legal employment	Yes	No				
Do you have a valid Louisiana Driver's Lice	Yes	No				
Do you currently work at another provider a	Yes	No				
Are you at least 21 years of age?		Yes	No			
Have you ever been convicted of a felony?		Yes				
What brought you to this organization?						
Aliases (Please list any other	er Names Used in your life	etime - Married,	Maider	n etc)		
First Name	Middle Name	LAST Name Suffix		Suffix		

Employment History - Please provide information of your current & past 10 years of employment. If you have had more than 4 employers and need more space, provide this information on another sheet and attach to this application. _____Telephone#: Employer: Position held: City, State, Zip: Address: Immediate supervisor and title: To:____ Dates employed: From: Salary: Job summary: Reason for leaving: Telephone#: Employer: Position held: Address: City, State, Zip: Immediate supervisor and title:

Dates employed: From: To: _____ Salary: _____ Job summary: ______ Reason for leaving: Telephone#:_____ Employer: Position held:
Address:
City, State, Zip: Immediate supervisor and title: To: Salary: Dates employed: From: Job summary: _____ Reason for leaving: Telephone#: **Employer:** Position held: City, State, Zip: Address: Immediate supervisor and title: Dates employed: From: To: Salary: Job summary: Reason for leaving:

May we contact your present employer?	Yes	No
Do you have a High School Diploma or GED?	Yes	No

Educational History High School: Location: Years attended: Diploma: College: Location: Years attended: Diploma: Technical: Location: Years attended: Diploma: GED: Location: Other: Location: Diploma: Years attended: Other Skills and Qualifications: Summarize any job-related training, skills, licenses, certificates, and/or other qualifications: References List 3 references Telephone #:

City, State, Zip: Name: Address: Name: Address: City, State, Zip: Name: Address: _____ Name of friends or relatives working at TARC: Name: Friend or Relative? Name: Friend or Relative? Name: Friend or Relative?

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all-previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either the employer or I can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment with TARC.

SS#:	
SIGNED:	DATE:
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Revised: 9/1/2022