



# LA United Methodist Children & Family Services, Inc.

P. O. Box 929  
Ruston, LA 71273-0929



## APPLICATION FOR EMPLOYMENT

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or disability.

PLEASE PRINT:

Position(s) applied for

**Child Care Staff**

- Child Care Specialist
- Recreation Worker
- Other
- Intern
- Volunteer

**Support Staff**

- Clerical
- Maintenance
- Food Service
- Housekeeping
- Life Skills

**Professional Staff**

- Social Worker
- Residential Therapist
- Family Therapist
- Teacher
- Administration

### PERSONAL INFORMATION

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number Street City State Zip

Home Phone No. \_\_\_\_\_ Other \_\_\_\_\_ Social Security No. \_\_\_\_\_

**ARE YOU CURRENTLY 20 YEARS OF AGE OR OLDER?** YES  NO

Are you legally eligible for employment in this country? YES  NO

Have you previously been employed here? YES  NO

Are you on lay-off and subject to recall by another employer? YES  NO

Can you travel if job requires it? YES  NO

Are you a veteran of the U.S. Military Services YES  NO   
If yes, what was your branch of the U.S. Military Services? \_\_\_\_\_

\*Have you ever been **convicted** of a crime? YES  NO   
If yes, please explain: \_\_\_\_\_

Do you have friends or relatives employed here? YES  NO   
If so, list name(s) and relationship(s): \_\_\_\_\_

**Direct Care Only** – Are you interested in:  
 Day Shift (7:00 am – 3:00 pm)  
 Evening Shift (3:00 pm – 11:00 pm)  
 Night Shift (11:00 pm – 7:00 am)

\*A conviction record will not necessarily be a barrier to employment. All factors will be considered.

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**EDUCATION**

School	Name and Location	Course of Study	Year Graduated	Degree or Diploma
High School				
Business/Trade School				
College or University				
Graduate School				
Special Skills:				
Membership in professional or civic organizations:				

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**REFERENCES**

List three personal references whom you have known a minimum of two years, excluding family	
Name	Telephone Number

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**EMPLOYMENT HISTORY**

Please note: Indicate in full your experience, starting with most recent job.	
Company Name:	Telephone:
Address:	Employment Dates: (Month and Year)
City: State:	From: To:
Job title and brief description of duties:	Annual Salary
Name of Supervisor:	Starting: Ending:
Title of Supervisor:	Telephone (if different than above):
Did you receive any disciplinary action? <input type="checkbox"/> Yes <input type="checkbox"/> No	Specific Reason for Leaving:
If yes, explain:	

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**EMPLOYMENT HISTORY**

<b>Company Name:</b>		<b>Telephone:</b>	
<b>Address:</b>		<b>Employment Dates: (Month and Year)</b>	
<b>City:</b>	<b>State:</b>	<b>From:</b>	<b>To:</b>
<b>Job title and brief description of duties:</b>		<b>Annual Salary</b>	
		<b>Starting:</b>	<b>Ending:</b>
<b>Name of Supervisor:</b>		<b>Telephone (if different than above):</b>	
<b>Title of Supervisor:</b>			
<b>Did you receive any disciplinary action?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Specific Reason for Leaving:</b>	
<b>If yes, explain:</b>			
<hr/>			
<b>Company Name:</b>		<b>Telephone:</b>	
<b>Address:</b>		<b>Employment Dates: (Month and Year)</b>	
<b>City:</b>	<b>State:</b>	<b>From:</b>	<b>To:</b>
<b>Job title and brief description of duties:</b>		<b>Annual Salary</b>	
		<b>Starting:</b>	<b>Ending:</b>
<b>Name of Supervisor:</b>		<b>Telephone (if different than above):</b>	
<b>Title of Supervisor:</b>			
<b>Did you receive any disciplinary action?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Specific Reason for Leaving:</b>	
<b>If yes, explain:</b>			
<hr/>			
<b>Company Name:</b>		<b>Telephone:</b>	
<b>Address:</b>		<b>Employment Dates: (Month and Year)</b>	
<b>City:</b>	<b>State:</b>	<b>From:</b>	<b>To:</b>
<b>Job title and brief description of duties:</b>		<b>Annual Salary</b>	
		<b>Starting:</b>	<b>Ending:</b>
<b>Name of Supervisor:</b>		<b>Telephone (if different than above):</b>	
<b>Title of Supervisor:</b>			
<b>Did you receive any disciplinary action?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Specific Reason for Leaving:</b>	
<b>If yes, explain:</b>			

Why are you interested in working at Louisiana United Methodist Children & Family Services, Inc.? \_\_\_\_\_

What life experiences have you had which will equip you to effectively relate and work with our clients? \_\_\_\_\_

I understand and agree that LA United Methodist Children & Family Services, Inc. (LUMC&FS) may make inquiries to verify information on this application, particularly relating to prior employment and education. In addition, an investigation into my character and general reputation may be conducted and persons, including, but not limited to, references listed in the application, may be contacted for this purpose. As a prospective employee of LUMC&FS I understand a thorough investigation of my record of past criminal activities will be conducted by the Louisiana State Police; and possibly by the Lincoln Parish Sheriff's Department, and the FBI. My signature below authorizes LUMC&FS to initiate this investigation. I understand that any false or misleading information or omissions in this application shall be sufficient cause for rejection or immediate dismissal.

I understand and agree that I am releasing LUMC&FS and any former employer and /or other party contacted for a reference or background check, including criminal background checks, from any liability relating to any information provided. Further, I agree to permit LUMC&FS to provide a reference to a prospective employer should my employment with LUMC&FS terminate for any reason and understand by signing this application, I am releasing LUMC&FS from any liability relating to any information provided to a prospective employer. The use of this application does not indicate that there are positions open and does not in any way obligate LUMC&FS. If employed, I will conform to the rules and regulations of LUMC&FS and my employment and compensation may be terminated, with or without cause, and with or without notice, at any time, at the option of either LUMC&FS or myself. LUMC&FS is an "at will" employer. I understand if employed, my employment is for no definite period and no manager or employee has the authority to enter into an employment contract with me on behalf of Louisiana United Methodist Children & Family Services, Inc.

I also understand and agree, if employed, not to: engage in outside business ventures which would interfere with my duties as an employee; provide consulting or other services for firms in competition with LUMC&FS or engage in any activity in competition with LUMC&FS; or have any substantial interest in a firm which supplies goods or services to LUMC&FS.

I hereby acknowledge that I have read and fully understand the foregoing statements.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

***Our Mission:** Guiding Children and Families Home to Experience God's Love by Following the Teachings of Christ.*

**AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER**