



LOUISIANA UNITED METHODIST CHILDREN AND FAMILY SERVICES, INC.

P.O. BOX 929
RUSTON, LA 71273
WWW.LMCH.ORG

EMPLOYMENT APPLICATION

Louisiana United Methodist Children and Family Services believes ensuring equal opportunity for all staff members contributes to our successful pursuit of our mission. Consequently, we conform to all the laws, statutes, and regulations concerning Equal Employment Opportunities and Affirmative Action.

We prohibit retaliation against individuals who bring forth any complaint, orally or in writing, to the employer or the government. We prohibit retaliation against any individuals who assist or participate in the investigation of any complaint or who otherwise oppose discrimination.

WORK LOCATION

___ RUSTON ___ MANDEVILLE ___ SULPHUR ___ OWL CENTER

Position(s) applied for: Child Care Staff Support Staff Professional Staff
___ Mental Health Specialist ___ Clerical ___ Case Manager
___ Rec. Worker/Therapist ___ Maintenance ___ Residential Therapist**
___ Other ___ Food Service ___ Family Therapist **
___ Intern ___ Housekeeping ___ Teacher
___ Volunteer ___ Life Skills ___ Administration
___ Nurse

**Master's Degree Required

PERSONAL INFORMATION - *PLEASE PRINT*

Name ___ Last ___ First ___ Middle ___

Address ___ Number ___ Street ___ City ___ State ___ Zip ___

Primary Phone No. ___ Email ___ 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 ___

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 or pled nolo contendere to a felony? YES ___ NO ___

If yes, please describe, including dates: ___

(Use separate sheet of paper if necessary to explain fully)

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

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)

If you are applying for any position that requires transportation of clients, we must check your motor vehicle record for insurance purposes. Do you possess a valid driver's license? YES ___ NO ___

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:				
List the professional licenses you hold:				

REFERENCES

List three professional references, excluding family (can include prior supervisors, professors or other institutional references)	
Name	Telephone Number

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:	

Why are you interested in working for Louisiana United Methodist Children and Family Services, Inc.? _____

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

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

Questions regarding this statement should be directed to any employment interviewer or Human Resources before signing.

I understand and agree/authorize that Louisiana United Methodist Children and Family Services, Inc. (LUMCFS) 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 LUMCFS 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 LUMCFS to initiate this investigation.

I understand and agree that LUMCFS will check the Louisiana State Nurse Aide Registry and the Louisiana Direct Service Worker Registry to ensure that every individual providing direct care does not have a finding placed against him/her on either registry. Also, the Exclusions Websites regarding (Medicaid) Office of Inspector General Excluded Individuals will be checked.

I understand and agree that I am releasing LUMCFS 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 LUMCFS to provide a reference to a prospective employer should my employment with LUMCFS terminate for any reason and understand by signing this application, I am releasing LUMCFS 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 LUMCFS, or imply that the applicant will be employed. I understand that my employment is subject to the results of a physical examination, Tuberculosis (TB) screening, drug screening, sexual risk screening, and satisfactorily meeting the requirements of child abuse and criminal record background checks. If employed, I will conform to the rules and regulations of LUMCFS 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 LUMCFS or me. LUMCFS 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 and Family Services, Inc. I understand that LUMCFS and all administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment.

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 LUMCFS or engage in any activity in competition with LUMCFS; or have any substantial interest in a firm which supplies goods or services to LUMCFS.

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

Louisiana United Methodist Children & Family Services, Inc.
Requesting Name of Facility

RE: Authorization to Disclose Criminal History Records Information.

In accordance with Louisiana Law R.S. 15. 587.1: Any person who has been given or applied to be considered for a position of supervisory or disciplinary authority over children must submit to a criminal history review.

As a new or prospective employee of the above facility or agency having responsibility for the care, control, supervision and/or discipline of minor children I understand a through investigation and character, including but not limited to any record or past criminal activities will be conducted by the Lincoln Parish Sheriff Office.

(Please Print)

Last Name	First	Middle
Date of Birth	Sex	Race
Social Security Number	Drivers License Number	State Issued

Please List the States You Have Lived in Since Age 18

By my signature below I here by authorize the Lincoln Parish Sheriffs office to perform a criminal records investigation and to release all criminal records information available to them to the agency listed above to confirm or deny my eligibility for employment.

Applicants Signature	Date
Witness Signature	Date

(To Be Completed By Lincoln Parish Sheriff Office)

Does the Individual have a Criminal Record: _____ Yes _____ No

Felony Record: _____ Yes _____ No **Plea of nolo contendere:** _____ Yes _____ No

Driving Record: One or more Moving Violations _____ Yes _____ No

Record of DWI: _____ Yes _____ No

Signature of Deputy Completing Report	Date
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Affirmative Action Voluntary Information

Louisiana United Methodist Children and Family Services, Inc. is an EEO/Affirmative Action Employer -
Completion of this form is voluntary

In an effort to comply with requirements regarding government record keeping, reporting, and other legal obligations that may apply, we invite you to complete this data survey. Providing this information is **strictly voluntary**. Failure to provide this information will not subject you to any adverse personnel decision or action. Your cooperation is appreciated. The information obtained will be kept in strict confidence, except that (a) necessary management and supervisory personnel may be informed in order to ensure proper placement and to accommodate a disability or disability that you have identified, (b) first aid and safety personnel may be informed when and to the extent appropriate, if the condition might require emergency treatment, and (c) government officials investigating Affirmative Action Program compliance.

PLEASE CHECK ALL APPROPRIATE BOXES BELOW FOR EACH OF THE FOLLOWING CATEGORIES: RACE/ETHNICITY, DISABILITY, AND VETERAN. DEFINITIONS FOR EACH CATEGORY ARE PROVIDED ON THE BACK OF THIS PAGE.

APPLICANT INFORMATION

Name

_____ Last

_____ First

_____ Middle

Address

_____ Street

_____ City

_____ State

_____ ZIP

Date of Hire:

Today's Date:

Male

Female

VETERAN CATEGORIES

Vietnam Era Veteran

Special Disabled Veteran

Other Eligible Veteran

Recently Separated
Veteran

Recipient of the Armed Forces
Services Medal

DISABILITY CATEGORIES

Individual with Disabilities

Individual without Disabilities

RACE/ETHNICITY CATEGORIES

Hispanic or Latino

White (not Hispanic or
Latino)

Black or African American
(not Hispanic or Latino)

Native Hawaii or Other
Pacific Islander (not
Hispanic or Latino)

Asian (not Hispanic or
Latino)

American Indian or Alaska Native (not
Hispanic or Latino)

Two or more races (not
Hispanic or Latino)

DEFINITIONS

VETERAN CATEGORIES:

A "veteran of the Vietnam era" is defined as a person who (1) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released there from with other than a dishonorable discharge, or (2) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed between August 5, 1964 and May 7, 1975.

A "special disabled veteran" is defined to be a veteran who is entitled to disability compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Veterans Administration for a disability (i) rated a 30 percent or more, or (ii) rated at 10 or 20 percent in the case of a veteran who has been determined under section 1506 to have a serious employment disability, or a person who was discharged or released from active duty because of a service-connected disability.

"Other Eligible Veterans" includes (1) veterans who served in a 'war' – veterans with active duty between December 7, 1941 and April 28, 1952 and (2) veterans who served in campaign or on an expedition for which a campaign badge, a service medal, or an expeditionary medal has been awarded.

"Recently Separated Veteran" includes any veteran during a one-year period on the date of such veteran's discharge or release of active duty.

DISABILITY CATEGORY:

An "individual with disabilities" is defined to be a person who: (1) has a physical or mental impairment which substantially limits one or more of his or her major life activities, (2) has a record of such impairment, or (3) is regarded as having such an impairment. For purposes of this definition, an individual with disabilities is substantially limited if he or she is likely to experience difficulty in securing, retaining, or advancing in employment because of a disability.

RACE/ETHNICITY CATEGORIES:

Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture origin, regardless of race.

White (not Hispanic or Latino) - Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East, or North America.

Black or African American (not Hispanic or Latino) – a person having origins in any of the Black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (not Hispanic or Latino) – a person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (not Hispanic or Latino) – a person have origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaskan Native (not Hispanic or Latino) – a person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.

Two or More Races (not Hispanic or Latino) – all persons who identify with more than one of the above five races.

STATE OF LOUISIANA
DEPARTMENT OF CHILDREN AND FAMILY SERVICES
STATE CENTRAL REGISTRY DISCLOSURE FORM

This form must be completed by each individual owner, operator, administrator, current or prospective employee or volunteer of a child care facility or juvenile detention facility licensed by the Louisiana Department of Children and Family Services for themselves. Any owner, operator, administrator, current or prospective employee, or volunteer of a child care facility or juvenile detention facility licensed by the department who knowingly falsifies the information on the State Central Registry Disclosure Form shall be guilty of a misdemeanor offense and shall be fined not more than five hundred dollars, or imprisoned for not more than six months, or both. R.S. 46:1414.1.C or R.S. 15:1110.2(C).

This form shall be maintained by the owner/operator of the licensed facility in accordance with current licensing standards as mandated by R.S. 46:1414.1.B or R.S. 15:1110.2(B).

Louisiana United Methodist Children's Home and Family Services, Inc., Methodist Home of Greater New Orleans, Methodist Children's Home of South West Louisiana		
Name of Licensed Facility (Print or Type)		
904 Deville Lane Ruston, LA 71270, 23515 HWY 190 (S&T) Mandeville, LA 70448,		2099, 13747, & 15242
3029 North Beglis Parkway Sulphur, LA 70663		License #
Physical Address of Licensed Facility		

Name of Individual/Applicant (Print or Type)			Date of Birth	Social Security #
Maiden, Previous or Any Other Name Used			Race	Sex
Current Street Address		City and State		Zip Code
Most Recent Previous Address		City and State		Zip Code
() -	() -	() -		
Current Home Phone #		Current Cell Phone #		Work Phone #

My name is is not currently recorded as a perpetrator on the State Central Registry for what the Department of Children and Family Services (DCFS) has determined to be a justified (valid) finding of child abuse or neglect.
 (check one)

I have have not been determined to have a justified (valid) finding of abuse or neglect since the Risk Evaluation Panel finding.

If the DCFS Licensing Section has reasonable suspicion or is provided with facts or information that your name is on the State Central Registry as a perpetrator with a valid/justified finding of abuse and/or neglect, the Licensing Section may request a clearance of the SCR without your permission. If your name does in fact appear on the SCR as described above, the department will notify both your employer (the facility named above) and the appropriate District Attorney's office of your failure to comply with R.S. 46:1414.1 or R.S. 15:1110.2.

The information given is true and complete to the best of my knowledge.

Signature	Date
Signature of Licensed Facility Representative	Date