

Christian Acres Youth Center, Inc.

P. O. Box 648
200 Bailey Street
Tallulah, Louisiana 71284
(318) 574-3146 • Fax (318) 574-4093

Dear Applicant,

Thank you for your interest in employment here at Christian Acres. In order for us to process your application in a timely fashion, the following items are required when you turn in your application:

- ◆ Application needs to be completed front AND back.
- ◆ A copy of your ***high school diploma, GED or college degree.***
- ◆ A copy of your ***current driver's license (or LA picture ID) and Social Security Card.***
- ◆ Three (3) ***letters of reference.*** (This is a short paragraph from three (3) different people that have known you for at least two (2) years telling us something about you.) ***These references must include a working telephone number, a signature and dated by the person providing the reference! (revised May 26, 2018)***

**PLEASE NOTE: ALL APPLICANTS OFFERED A POSITION AT
CHRISTIAN ACRES MUST SUCCESSFULLY PASS A URINE DRUG
TEST IN ORDER TO START WORK!!!**


Christian Acres is an equal opportunity employer. All applicants will be considered for employment without regard to race, creed, religion, sex, national origin, age, marital or veteran status, medical/mental condition or handicap, or any other status protected by law.

Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Assistant Administrator of the facility. The receptionist can help you in this matter.

Applications only stay active for 90 days. If you have not heard from Christian Acres in that length of time and would still like to be considered for employment, it will be necessary for you to complete another application.

Again, thank you for your interest in obtaining a position with Christian Acres.

Sincerely,



Janet L. Moore
Administrator

Application for Employment

Christian Acres Youth Center

200 Bailey Street P.O. Box 648
Tallulah, Louisiana 71282

PLEASE PRINT

Equal access to programs, services and employment is available to all persons. All applicants will be considered for employment without regard to race, religion, color, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other status protected by law. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Assistant Administrator of the facility.

Position(s) applied for _____ Date of application ____/____/____

Name _____ Soc. Sec. # _____
Last First Middle

Address _____
Number Street City State Zip

Telephone Number (____) _____ Other Phone Number (____) _____

Have you ever been employed here before? If yes, give dates and positions: _____ ☐ Yes ☐ No

Are you legally eligible for employment in this country? _____ ☐ Yes ☐ No

Date available for work _____/____/____ What is your desired salary range? _____\$ _____

Who Referred You to Our Agency? _____

Type of employment desired ☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Call-in

Are you able to meet the attendance requirements of the position? _____ ☐ Yes ☐ No

Have you ever been convicted for any crime, including sex-related or child-abuse related offense?

☐ Yes ☐ No If yes, please provide date(s) and details _____

ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.

Driver's license number: _____ State _____

Are you related to any employee of this facility? ☐ Yes ☐ No If yes, please provide their name _____

Employment History

Provide the following information for your past three (3) employers, assignments or volunteer activities, starting with the most recent.

FROM	TO	EMPLOYER	TELEPHONE # ()
STARTING JOB TITLE/FINAL JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER			
REASON FOR LEAVING		HOURLY RATE/SALARY START \$ PER FINAL \$ PER	
FROM	TO	EMPLOYER	TELEPHONE # ()
STARTING JOB TITLE/FINAL JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER			
REASON FOR LEAVING		HOURLY RATE/SALARY START \$ PER FINAL \$ PER	
FROM	TO	EMPLOYER	TELEPHONE # ()
STARTING JOB TITLE/FINAL JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER			
REASON FOR LEAVING		HOURLY RATE/SALARY START \$ PER FINAL \$ PER	

AN EQUAL OPPORTUNITY EMPLOYER

Skills and Qualifications

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. _____

Educational Background

NAME AND LOCATION	NUMBER OF YEARS COMPLETED	DID YOU GRADUATE?		COURSE OF STUDY
HIGH SCHOOL				
COLLEGE		MAJOR	DEGREE	
OTHER				

References

NAME	TELEPHONE	NUMBER OF YEARS KNOWN
	()	
	()	
	()	

Military Service

From	To	Branch of Service	Rank at Discharge	Date of Discharge	Are you a current member of the National Guard or Reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, What is your Rank?

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false incomplete or misrepresented in any respect will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, Christian Acres Youth Center, its representatives, employees or agents to contact and obtain information from all references (personal and professional) employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume' or job interview. I hereby waive any and all rights and claims I may have regarding Christian Acres Youth Center, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that Christian Acres Youth Center does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant for consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 90 days. At the conclusion of that time, if I have not heard from Christian Acres Youth Center and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of Christian Acres Youth Center is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by Christian Acres Youth Center Administrator.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement. Signature of

Applicant: _____ Date: ____/____/____

PREA- SCREENING (§ 115.317 a, f)
PRE-EMPLOYMENT, CONTRACTOR, PROMOTIONAL AND EMPLOYEE YEARLY REVIEW
(CIRCLE ONE)

RESPONDENT'S NAME: _____ SCREENING DATE: _____
(Applicant, Employee or Contractor)

Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, juvenile group home, or any other institution? Yes No

If Yes: Name and Address of facility: _____

Supervisor's Name and Phone: _____

Date abuse occurred and disposition: _____

Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or the victim did not consent or was unable to consent or refuse?

Yes No

If Yes: Date, Time, Disposition of the conviction: _____

Have you been civilly or administratively adjudicated to have engaged in any of the activities described in the above questions? Yes No

If Yes: Date, Time, and Disposition: _____

Have you been involved in any incidents of sexual harassment? Yes No

If Yes: When and what happened?: _____

***Potential, current employee or contractor understates that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. §115.317 (g)**

**** Upon employment, a CAYC employee to agrees to a continuing affirmative duty to disclose any such misconduct. §115.317 (f)**

Applicant, Employee, or Contractor Signature

For Interviewer: Was contact made with all previous institutional employers for this applicant?

Yes No

If No, please provide an explanation for not making contact: _____

If Yes, did the applicant have any substantiated allegations of sexual abuse or did he/she

Resign during or pending the investigation of an allegation of sexual abuse? Yes No

If Yes, please provide any details: _____

Interviewer/Reviewer's Signature

Date of Hire/Review (if applicable)

RELEASE OF PERSONAL INFORMATION

I, _____ the undersigned, agree and acknowledge that I am an applicant for employment with Christian Acres Youth Center, Inc.

I hereby authorize a review and full disclosure of all information and records concerning myself to Christian Acres Youth Center, Inc. relative to education, background, employment and pre-employment records including background reports, efficiency ratings, financial information, criminal and traffic arrest or convictions, and any other factors that would be pertinent to my suitability for employment.

I understand that Christian Acres Youth Center will consider any information obtained by a personal history background investigation in determining my suitability for employment.

I hereby authorize any agency or individual questioned by Christian Acres Youth Center, Inc. about my background to release any and all information deemed pertinent by Christian Acres Youth Center, Inc. I hereby release Christian Acres Youth Center, Inc. and any other agency or persons from any liability in connection with furnishing such information.

I further understand, agree and acknowledge that all information obtained as a result of my application shall be confidential and in the event my application is rejected the reason for my rejection may not be revealed.

Signature

Date

Witness

Date

Phone Number

Social Security Number

Address

City, State

Zip Code

Date of Birth

PLEASE READ BEFORE COMPLETING THIS FORM!
IF NOT COMPLETED CORRECTLY, IT MAY SLOW
DOWN YOUR HIRING PROCESS OR PREVENT YOU
FROM BEING HIRED!

- All information requested IS MANDATORY
- For Married/Divorced Ladies: include your current last name, first name and your MIDDLE name.
- Under Aliases, include your Maiden Name, First Name (please write beside this – MAIDEN); also write down any prior marriage names (divorced, widowed, etc.)
- If you have used any other name, please indicate it under Aliases
- You must include your entire social security number – NOT just the last 4 digits
- If your mailing address is the same as your physical address please write in SAME on the current mailing address box
- You must include an email address
- Completed the Identification Type in full. ID Type, ID Number, State Issued by and the Date your ID will expire
- Under previous addresses: List all addresses you have lived at the previous 5 years. Under the Zip box, include the zip code and the dates that you lived at this address. Example 71282 From 01/18 to present
- Under List children that the applicant has been responsible for: This includes your ADULT children...not just children currently in your home. It is helpful that you note Male or Female beside their name
- Be sure to sign and date your form

**STATE OF LOUISIANA
DEPARTMENT OF CHILDREN AND FAMILY SERVICES
CHILD ABUSE AND NEGLECT REQUEST AND CONSENT FORM B**

This form must be completed by any person who is requesting a Child Abuse and Neglect Clearance, and signed by the applicant. This form must be signed by the requestor, who will receive the results of the child abuse and neglect clearance. Completing the optional identifying information fields on the form will assist in conducting an accurate search.

This consent form shall be used for Licensed Out of State Child Care Facilities, Louisiana DCFS Licensed Facilities and Louisiana Department of Health Licensed Therapeutic Group Homes and Out of State Licensed Residential Facilities that house foster children or meet the federal definition of a child care institution.

I. Employer's Identifying Information:

*Name of Employer, Agency, or Facility (Print or Type)		*Entity Type <input type="checkbox"/> Out of State Child Care Facilities <input type="checkbox"/> Louisiana DCFS Licensed Facilities <input type="checkbox"/> Louisiana Department of Health Licensed Therapeutic Group Homes <input type="checkbox"/> Out of State Licensed Residential Facilities that house foster children or meet the federal definition of a child care institution	
*Physical Address	*City	*State	*Zip
*Work Phone # (one main contact number is mandatory)	*Home Phone #	*Alternate Phone #	
Provider # (If Applicable)	Agency License # (If applicable)	EIN # (If Applicable)	

II. Applicant's Information:

*Last Name	*First Name	*Middle Name	
Aliases, Maiden Name, Previous Married Name(s):			
*Date of Birth:	*Place of Birth (city)	*Place of Birth (state)	*Social Security #
*Race: <input type="checkbox"/> White <input type="checkbox"/> Black/African-American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/> Native Hawaiian/other Pacific Islander		*Male Female (circle)	
*Home Phone # (one main contact number is mandatory)	*Cell Phone	*Work Phone #	*Alternate Phone #
*Current Physical Address	*City	*State	*Zip

*Current Mailing Address:	*City	*State	*Zip
*Email Address:			

*Identification Type <input type="checkbox"/> State Issued Driving License <input type="checkbox"/> State Issued Identification	*Identification (ID) #	*State Issued By	*ID Expiration Date
*Marital Status	Spouse (name) (if married)	Spouse (DOB) (if married)	
Previous Spouse (name)	Previous Spouse (DOB)		
Previous Spouse (name)	Previous Spouse (DOB)		

***List previous addresses for the past 5 years:**

Physical Address	City	State	Zip
Physical Address	City	State	Zip
Physical Address	City	State	Zip
Physical Address	City	State	Zip
Physical Address	City	State	Zip
Physical Address	City	State	Zip
Physical Address	City	State	Zip

List children that the applicant has been responsible for:

First Name	Last Name	Date of Birth

*This information will only be used to confirm the accuracy of applicant's agency history.

III. Applicant's Consent

The information given is true and complete to the best of my knowledge. I understand that in signing this form I give permission for DCFS to conduct a clearance of the State Central Registry which contains information with regards to reports of certain valid cases of child abuse and neglect, and release the results to the requestor noted above and licensing agency. Furthermore, this consent shall terminate a year from the date of my signature below. I also understand that I may be contacted by DCFS for additional information needed to finalize the clearance. I understand that the information I provide about myself shall be used solely for the purpose of conducting the State Central Registry check. I consent for DCFS to conduct a clearance of the state central registry and release all valid information to the requestor below for a determination to be made.

Signature of Applicant_____ **Date**_____

IV. Requestors Agreement

I acknowledge that any information received from the Department of Children and Family Services regarding the individual's inclusion in the State Central Registry is confidential and that this information cannot be shared with anyone unless otherwise allowed by State or Federal Laws/Regulations. All applicable federal and state laws and regulations shall apply including but not limited to Louisiana Revised Statute 46:56, which includes criminal penalties for the sharing of confidential information. I hereby certify that I am requesting a check of the State Central Registry, with the written consent of the individual.

Signature of Requestor_____ **Date**_____

*Last Name	*First Name		*Middle Name
*Mailing Address:	*City	*State	*Zip

If this clearance is being submitted for employment purposes, by a Licensed Out of State Child Care Facility, Louisiana DCFS Licensed Facility, Louisiana DCFS Licensed Therapeutic Group Homes or Out of State Licensed Residential Facilities that house foster children or meet the federal definition of a child care institution the employee's state issued driving license or state issued identification, along with a \$25.00 payment for the clearance must be submitted, in order for the clearance to be processed. If this clearance is being submitted for an Out-of-State child care clearance, a copy of the provider's agency license must be submitted.