

**CANE RIVER CHILDREN'S SERVICES**  
**P. O. BOX 2453**  
**NATCHITOCHEs, LA 71457**  
**318-352-9349**

**EMPLOYMENT APPLICATION**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Social Security Number \_\_\_\_\_ Position Desired \_\_\_\_\_ Salary Expected \_\_\_\_\_

Date Available: \_\_\_\_\_ Available For: Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Shifts 6a-2p \_\_\_\_\_ 2p-10p \_\_\_\_\_ 10p-6a \_\_\_\_\_

Do you Drive? \_\_\_\_\_ Do you have transportation at your disposal? \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Chauffeur's License Number \_\_\_\_\_ State \_\_\_\_\_

Have you had any traffic tickets, violations, or accidents in the last five years? \_\_\_ Yes \_\_\_ No

If yes, explain. \_\_\_\_\_

Are you at least 21 years of age? \_\_\_\_\_ Do any of your relatives work here? \_\_\_\_\_

If yes, please list. \_\_\_\_\_

Are you a United States citizen or a permanent resident? Yes \_\_\_\_\_ No \_\_\_\_\_

If you are not a United States citizen or permanent resident, do you have a legal right to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_ Alien Registration Number \_\_\_\_\_

Have you been convicted of a felony or released from prison within the last seven years? \_\_\_\_\_

If yes, describe in full (including dates). \_\_\_\_\_

Are you on Lay-Off and subject to Recall? Yes \_\_\_\_\_ No \_\_\_\_\_

Can you travel if a job requires it? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been bonded? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, for which position(s)? \_\_\_\_\_

Do you have a disability, handicap, or mental condition that would prevent you from carrying out the responsibilities of this job, including: hiking, backpacking, canoeing, rafting, swimming, running, yard work with the residents, housecleaning with the residents, or physically restraining behaviorally violent children? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

Do you type? Yes \_\_\_\_\_ No \_\_\_\_\_ WPM \_\_\_\_\_ Accuracy \_\_\_\_\_

Office Machines you can operate: \_\_\_\_\_

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## EMPLOYMENT EXPERIENCE

List each job held. Start with your present or last job.

EMPLOYER _____	Dates (Month/Year)	
Address _____	From _____	To _____
_____	Phone _____	_____
Name of your Supervisor _____		
Your _____	Starting	Ending
Title _____	Rate/Salary _____	Rate/Salary _____
Principle Job Duties: _____		
_____		
Reason for leaving: _____		

EMPLOYER _____	From _____	To _____
Address _____	Phone _____	_____
_____		
Name of your Supervisor _____		
Your _____	Starting	Ending
Title _____	Rate/Salary _____	Rate/Salary _____
Principle Job Duties: _____		
_____		
Reason for leaving: _____		

EMPLOYER _____	From _____	To _____
Address _____	Phone _____	_____
_____		
Name of your Supervisor _____		
Your _____	Starting	Ending
Title _____	Rate/Salary _____	Rate/Salary _____
Principle Job Duties: _____		
_____		
Reason for leaving: _____		

EMPLOYER _____	From _____	To _____
Address _____	Phone _____	_____
_____		
Name of your Supervisor _____		
Your _____	Starting	Ending
Title _____	Rate/Salary _____	Rate/Salary _____
Principle Job Duties: _____		
_____		
Reason for leaving: _____		

Are you a Veteran? Yes \_\_\_\_\_ No \_\_\_\_\_ Do you claim VETS preference? \_\_\_\_\_

List trade or professional organizations of which you are a member, including any offices held: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## EDUCATION

HIGH SCHOOL \_\_\_\_\_ Location \_\_\_\_\_  
Attended \_\_\_\_ (year) to \_\_\_\_ (year) Circle grade completed 9 10 11 12  
Did you graduate? Yes \_\_\_\_ No \_\_\_\_ Did you receive a diploma? Yes \_\_\_\_ No \_\_\_\_

COLLEGE OR UNIVERSITY \_\_\_\_\_ Location \_\_\_\_\_  
Attended \_\_\_\_ (year) to \_\_\_\_ (year) Circle years completed 1 2 3 4  
Did you graduate? Yes \_\_\_\_ No \_\_\_\_ Did you receive a degree? Yes \_\_\_\_ No \_\_\_\_  
Major \_\_\_\_\_ Degree \_\_\_\_\_  
Minor \_\_\_\_\_ Degree \_\_\_\_\_

GRADUATE WORK \_\_\_\_\_ Location \_\_\_\_\_  
Attended \_\_\_\_ (year) to \_\_\_\_ (year) Degree \_\_\_\_\_  
Major \_\_\_\_\_ Minor \_\_\_\_\_  
Total semester hours earned: \_\_\_\_\_

BUSINESS OR TRADE SCHOOL \_\_\_\_\_ Location \_\_\_\_\_  
Attended \_\_\_\_ (year) to \_\_\_\_ (year) Graduate? Yes \_\_\_\_ No \_\_\_\_ Year \_\_\_\_  
Certification \_\_\_\_\_ Diploma \_\_\_\_\_  
Subjects taken: \_\_\_\_\_

Describe any additional education, training, or volunteer work you have had which you feel is relevant to the job(s) for which you are applying. Also include licenses or certification. Be specific. \_\_\_\_\_

## REFERENCES

List names of four references not related to you:

NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ POSITION \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ POSITION \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ POSITION \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ POSITION \_\_\_\_\_

Person to be contacted in case of emergency:

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Relationship \_\_\_\_\_

In your own words, explain why you feel qualified to work for Cane River Children's Services, what you hope to accomplish in this work, and your feelings concerning willingness toward job performance. Use another page if more space is needed.

### APPLICANT'S CERTIFICATION

Read carefully before signing. I understand and agree that:

1. Any misrepresentation or omission of information in this application may be cause for rejection of this application or dismissal after employment;
2. This is merely an application and no employment contract has been made.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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CANE RIVER CHILDREN'S SERVICES

AUTHORIZATION FOR RELEASE OF INFORMATION

I, \_\_\_\_\_, by applying for employment at Cane River Children's Services, Natchitoches, Louisiana do hereby signify my willingness and authorization for the agency and its staff, and other representatives to consult with administrators and members of the staffs of other agencies, individuals, or institutions with which I have been associated, who may have information bearing on my professional competence, character and ethical qualifications.

I hereby release from liability all representatives of the agency and its staff for their acts performed in good faith and without malice in connection with evaluating my application and my credentials and qualifications.

I further hereby release from liability any and all individuals and organizations who provide information to Cane River Children's Services, Inc., Natchitoches, Louisiana, in good faith and without malice concerning my professional competence, ethics, character, and other qualifications for appointment. I hereby consent to the release of such information.

I hereby acknowledge that a copy of this authorization is valid as the original.

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Signature

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Printed or Typed Name

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Date