



# ATTENTION APPLICANT

Each section of this application  
**MUST BE COMPLETED**  
in order to process your application.

## Section 1

### **APPLICATION FOR EMPLOYMENT**

Must provide current telephone numbers and addresses  
of past and present employer(s)

## Section 2

### **PERSONAL REFERENCES**

Must provide four (4) references

## Section 3

### **EMPLOYMENT REFERENCE INQUIRY FORM**

Applicant's Signature Required

## Section 4

### **EDUCATION REFERENCE INQUIRY FORM**

Applicant's Signature Required

*Thank You !*

Human Resources Department

# APPLICATION FOR EMPLOYMENT

Date: \_\_\_\_\_

Position(s) Applying For: _____	
Professional License/Certification #: _____	State: _____
How did you learn about us? <input type="checkbox"/> Friend/Employee: _____	
<input type="checkbox"/> Advertisement <input type="checkbox"/> Walk-in <input type="checkbox"/> Other: _____	

<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>	<b>Maiden Name</b>
<b>Street Address</b>		<b>City</b>	<b>State</b> <b>Zip</b>
<b>Telephone Numbers (cell &amp; home)</b>		<b>Social Security Number</b>	<b>Driver's License &amp; State</b>

Have you ever filed an application with us before?  Yes  No  
**If YES**, please give date and position: \_\_\_\_\_

Have you ever been employed with us before?  Yes  No  
**If YES**, please give date and position: \_\_\_\_\_

**May we contact your present employer?**  Yes  No

Are you legally eligible for employment in the United States?  Yes  No  
**\*NOTE:** Proof of citizenship/immigration status will be required upon employment.

On what date would you be available for work? \_\_\_\_\_

**AVAILABILITY:**       Full Time       Part Time       Temporary       Overtime       On Call       Travel

Have you ever been convicted of a felony?  Yes  No  
**If YES**, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you related to anyone currently employed by our company/affiliates?  Yes  No  
**If YES**, please give employee's name and relationship to you: \_\_\_\_\_



**Do you own a vehicle?**       Yes       No

Make: \_\_\_\_\_      Model: \_\_\_\_\_      Year: \_\_\_\_\_

**EMERGENCY CONTACT NAME:** \_\_\_\_\_      Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phones (Cell and Work): \_\_\_\_\_

## EMPLOYMENT HISTORY

THIS SECTION **MUST BE COMPLETED IN ITS ENTIRETY EVEN IF SUBMITTING A RESUME.** BEGIN WITH PRESENT EMPLOYER OR LAST JOB.

**COMPANY NAME:** \_\_\_\_\_

<u>Address:</u>	Telephone: ( _____ )
<u>Position Held and Work Performed:</u>	Supervisor:
	Dates Employed (M/Y): From: _____ To: _____
	Hourly Rate/Salary: Start: \$ _____ Final: \$ _____
	<b>Reason for Leaving:</b>

**COMPANY NAME:** \_\_\_\_\_

<u>Address:</u>	Telephone: ( _____ )
<u>Position Held and Work Performed:</u>	Supervisor:
	Dates Employed (M/Y): From: _____ To: _____
	Hourly Rate/Salary: Start: \$ _____ Final: \$ _____
	<b>Reason for Leaving:</b>

**COMPANY NAME:** \_\_\_\_\_

<u>Address:</u>	Telephone: ( _____ )
<u>Position Held and Work Performed:</u>	Supervisor:
	Dates Employed (M/Y): From: _____ To: _____
	Hourly Rate/Salary: Start: \$ _____ Final: \$ _____
	<b>Reason for Leaving:</b>

**COMPANY NAME:** \_\_\_\_\_

<u>Address:</u>	Telephone: ( _____ )
<u>Position Held and Work Performed:</u>	Supervisor:
	Dates Employed (M/Y): From: _____ To: _____
	Hourly Rate/Salary: Start: \$ _____ Final: \$ _____
	<b>Reason for Leaving:</b>

### SPECIAL SKILLS AND QUALIFICATIONS

*Summarize job-related skills/qualifications acquired from employment or other experiences.*

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## EDUCATION

Type of School	School Name / Location	Years Attended W / Dates	Course(s) Studied	Extracurricular Activities / Honors Received	Degree / Diploma
Elementary					
High School					
College / University					
Graduate / Prof					
Special Training					

List professional, trade, business or civic activities and offices held. (You may exclude organizations which indicate race, color, religion, gender, national origin, disability or other legally protected status.)

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## REFERENCES

**List four (4) references WHO ARE NOT RELATED TO YOU and ARE NOT PREVIOUS EMPLOYERS.**

Name	Title	Home / Cell Phone (     )
Address	Place of Employment	Work Phone (     )
Name	Title	Home / Cell Phone (     )
Address	Place of Employment	Work Phone (     )
Name	Title	Home / Cell Phone (     )
Address	Place of Employment	Work Phone (     )
Name	Title	Home / Cell Phone (     )
Address	Place of Employment	Work Phone (     )

## APPLICANT'S STATEMENT

I hereby certify that all answers provided in this application for employment are true and complete to the best of my knowledge. I authorize investigation of all statements contained herein as may be necessary in arriving at an employment decision. I further authorize permission to release the information contained in my employment record to the Austin Companies.

I authorize pre-employment drug screening and understand that any offer of employment is contingent upon satisfactory drug screen results, reference checks and criminal background checks.

I understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may be changed by any written document or by conduct, unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

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

**Date** \_\_\_\_\_

6659 Sullivan Road  
Greenwell Springs, LA 70739



Phone: (225) 261-0160  
Fax: (225) 261-0898

## EMPLOYMENT REFERENCE INQUIRY

To: \_\_\_\_\_ Date: \_\_\_\_\_  
Company: \_\_\_\_\_ RE: \_\_\_\_\_  
Fax Number: \_\_\_\_\_ SSN: \_\_\_\_\_

\_\_\_\_\_ has applied for a position as \_\_\_\_\_ with our facility. We would be most grateful if you would furnish us with your forthright opinion of your experience with the above-referenced individual. A signed authorization to release the requested information is below.

If preferred, you may contact me via telephone at (225) 261-0160 regarding this request. Please be advised that all information obtained will be held in confidence. Thank you for your cooperation.

\_\_\_\_\_  
Human Resources Representative

**APPLICANT – DO NOT WRITE ABOVE THIS LINE**

### APPLICANT'S AUTHORIZATION TO RELEASE INFORMATION

I, \_\_\_\_\_, hereby release from liability the company or above-named person and authorize them to release all employment information regarding my possible employment with them.

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

\_\_\_\_\_  
DATE

**APPLICANT – DO NOT WRITE BELOW THIS LINE**

Applicant employed with your company from \_\_\_\_\_ to \_\_\_\_\_

Position held: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for Separation: \_\_\_\_\_ Eligible for Rehire?  Yes  No

Please indicate (E) for **Excellent**, (S) for **Satisfactory** or (M) for **Marginal** in the following categories:

Overall job performance	E	S	M	Ability to Grasp new Ideas	E	S	M
Character/Integrity	E	S	M	Initiative/Leadership	E	S	M
Appearance	E	S	M	Job Knowledge	E	S	M
Dependability	E	S	M	Cooperation	E	S	M

Comments:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

6659 Sullivan Road  
Greenwell Springs, LA 70739



Phone: (225) 261-0160  
Fax: (225) 261-0898

## EDUCATION REFERENCE INQUIRY

To: \_\_\_\_\_ Date: \_\_\_\_\_  
Institution: \_\_\_\_\_ RE: \_\_\_\_\_  
Fax Number: \_\_\_\_\_ SSN: \_\_\_\_\_

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\_\_\_\_\_ has applied for a position as \_\_\_\_\_ with our facility. We would be most grateful if you would furnish us with your forthright opinion of your experience with the above-referenced individual. A signed authorization to release the requested information is below.

If preferred, you may contact me via telephone at (225) 261-0160 regarding this request. Please be advised that all information obtained will be held in confidence. Thank you for your cooperation.

\_\_\_\_\_  
Human Resources Representative

**APPLICANT – DO NOT WRITE ABOVE THIS LINE**

### APPLICANT'S AUTHORIZATION TO RELEASE INFORMATION

I, \_\_\_\_\_, hereby release from liability the company or above-named person and authorize them to release all educational information regarding my possible employment with them.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
DATE

**APPLICANT – DO NOT WRITE BELOW THIS LINE**

Applicant attended your institution from \_\_\_\_\_ to \_\_\_\_\_ and successfully achieved curriculum requirements:  Yes  No

Diploma/Certification in: \_\_\_\_\_ Date Awarded: \_\_\_\_\_

Degree(s):  Associate  Bachelor  Master  PhD  Other \_\_\_\_\_

Course(s) of Study: Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

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Greenwell Springs, LA 70739



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Fax: (225) 261-0898

## EQUAL EMPLOYEE OPPORTUNITY INFORMATION

Employees are treated, during employment, without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition, disability or any other legally protected status.

We comply with governmental regulations, including Affirmative Action responsibilities where applicable.

The purpose of this (EEO) information is to comply with government record keeping, reporting and other legal requirements. Information is compiled into periodic reports submitted to the government. Records are retained in confidential files.

**COMPLETING THIS INFORMATION PRIOR TO EMPLOYMENT IS VOLUNTARY**

Name:

Street Address:

City:

State:

Zip:

Check One:

Male

Female

Date of Birth:

Check one of the following:

Black

White

Asian/Pacific Islander

Hispanic

Native American/Alaskan

Check, if applicable:

Vietnam Veteran

Disabled Veteran

Disabled

# ATTENTION APPLICANT

Please complete the applicant information portions of the **Louisiana State Police Criminal Identification and Information forms** authorizing the company to obtain your criminal background

THANK YOU!

*Human Resources Department*

**SUBMIT TO:** Louisiana State Police  
 Bureau of Criminal Identification and Information  
 P. O. Box 66614 (Mail Slip A-6)  
 Baton Rouge, LA 70896

THE FEE FOR PROCESSING A STATE BACKGROUND CHECK IS \$26. FOR FBI PROCESSING, WHERE AUTHORIZED OR REQUIRED, THERE IS AN ADDITIONAL \$19.25 FEE. (Cashier Check, Business Check, or Money Order).

**\*\* FORMS MUST BE FILLED OUT IN INK AND BE REVIEWED BY A SUBMITTING AGENCY/INDIVIDUAL FOR ACCURACY\*\***  
**\*\*\*\*\* FINGERPRINTS ARE NECESSARY FOR A POSITIVE IDENTIFICATION \*\*\*\*\***

**\*\*\* PLEASE PRINT \*\*\***

Health Care Options, Inc./ATC, Inc./HCF Hospice  
 FACILITY OR AGENCY

Doris Gaymon  
 FACILITY OR AGENCY AUTHORIZED REPRESENTATIVE

6659 Sullivan Road  
 MAILING ADDRESS

\_\_\_\_\_  
 SIGNATURE OF AUTHORIZED REPRESENTATIVE

Greenwell Springs, LA 70739  
 CITY STATE ZIP CODE

(225) 261-0160  
 FACILITY OR AGENCY TELEPHONE NUMBER

**REQUEST FOR: ( PICK ONE ONLY )**

- |                                                               |                                                                |
|---------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> ALCOHOL AND BEVERAGE COMMISSION      | <input type="checkbox"/> MEDICAL EXAMINERS                     |
| <input type="checkbox"/> ALCOHOL BEVERAGE OUTLET              | <input type="checkbox"/> OFFICE OF FINANCIAL INSTITUTIONS      |
| <input type="checkbox"/> AUTHORIZED AGENCY                    | <input type="checkbox"/> OFFICE OF PUBLIC HEALTH               |
| <input type="checkbox"/> BOARD OF EXAMINERS OF PSYCHOLOGIST   | <input type="checkbox"/> PHARMACY BOARD                        |
| <input type="checkbox"/> BOARD OF NURSING HOME ADMINISTRATORS | <input type="checkbox"/> POST-SECONDARY EDUCATION              |
| <input type="checkbox"/> CASA                                 | <input type="checkbox"/> PRACTICAL NURSING                     |
| <input type="checkbox"/> COURT ORDER ADOPTION                 | <input type="checkbox"/> PRIVATE ADOPTION                      |
| <input type="checkbox"/> CRIMINAL JUSTICE EMPLOYEE            | <input type="checkbox"/> PRIVATE INVESTIGATORS                 |
| <input type="checkbox"/> DAYCARE                              | <input type="checkbox"/> PRIVATE SECURITY                      |
| <input type="checkbox"/> DENTISTRY BOARD                      | <input type="checkbox"/> PUBLIC HOUSING                        |
| <input type="checkbox"/> DEPARTMENT OF INSURANCE              | <input type="checkbox"/> PUBLIC TAG AGENT                      |
| <input type="checkbox"/> DCFS ABUSE/NEGLECT INVESTIGATOR      | <input type="checkbox"/> REGISTERED NURSING                    |
| <input type="checkbox"/> DCFS CARETAKER                       | <input type="checkbox"/> RELIGIOUS ACTIVISTS                   |
| <input type="checkbox"/> DCFS FOSTER/ADOPTIVE                 | <input type="checkbox"/> RIGHT TO REVIEW                       |
| <input type="checkbox"/> DCFS PERSONNEL                       | <input type="checkbox"/> RIVERBOAT PILOTS                      |
| <input type="checkbox"/> <b>EMPLOYERS</b>                     | <input type="checkbox"/> SCHOOL                                |
| <input type="checkbox"/> FIREFIGHTERS                         | <input type="checkbox"/> SUPREME COURT COMMITTEE BAR ADMISSION |
| <input type="checkbox"/> FIRE MARSHALL                        | <input type="checkbox"/> TAXI DRIVERS                          |
| <input type="checkbox"/> HEALTH CARE PROVIDER (Non Licensed)  | <input type="checkbox"/> TESS WINDOW TINT                      |
| <input type="checkbox"/> JUVENILE DETENTION CENTER            | <input type="checkbox"/> USED MOTOR VEHICLE COMMISSION         |
| <input type="checkbox"/> LA PHYSICAL THERAPY BOARD            | <input type="checkbox"/> VENDOR                                |
| <input type="checkbox"/> LA STATE BOARD SOCIAL WORK EXAMINERS | <input type="checkbox"/> WHOLESALE DRUG DISTRIBUTORS           |
| <input type="checkbox"/> JUVENILE DETENTION CENTER            | <input type="checkbox"/> WORKING WITH CHILDREN                 |
| <input type="checkbox"/> DEPARTMENT OF INSURANCE              |                                                                |
| <input type="checkbox"/> MANUFACTURED HOUSING                 |                                                                |

**APPLICANT'S FULL NAME**  
**\*\*\*\* PRINT - USE INK \*\*\*\*** \_\_\_\_\_  
 { INCLUDE MAIDEN NAME & PREVIOUSLY MARRIED NAMES, IF APPLICABLE }

**APPLICANT'S SIGNATURE:** \_\_\_\_\_

**APPLICANT'S SOCIAL SECURITY #:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**DRIVER'S LICENSE #:** \_\_\_\_\_ **& STATE:** \_\_\_\_\_ **RACE:** \_\_\_\_\_ **SEX:** \_\_\_\_\_

**POSITION OR LICENSE APPLYING FOR** \_\_\_\_\_

**AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY RECORDS INFORMATION**

By my signature above, I hereby authorize the Louisiana State Police to release all pertinent criminal record information maintained in their files, other state files, or the FBI files (if applicable) which may confirm or deny my eligibility with the above named facility or agency. **DPSSP 6696**

