

Avoyelles Child Development Services Inc.
P.O. Box 153
Moreauville , La 71355
(318) 985-2154

It is the policy of ACDS Inc. , to provide equal employment opportunities to all applicants and employees without regard to any legally protected status including race, color, religion, gender, sexual orientation, national origin, age, disability, or veteran status.

APPLICATION FOR EMPLOYMENT

Personal Information : **Date:** _____ **Social Security #** _____

Name: _____ **Phone #** _____
 Last **First** **Middle** **Cell #** _____

Physical Address : _____
 Street **City** **State** **Zip**

Mailing Address : _____
 Street **City** **State** **Zip**

E- Mail Address : _____

If you are related to anyone working in this agency or the ACDS Inc. Board , provide the following :

Name : _____ **relation to you :** _____

Failure to disclose that you are related to staff or board will be considered a cause for termination if revealed after being hired. We have a nepotism policy.

Referred by : _____ **Position :** _____

Date you can begin work if hired : _____ **Are you presently employed** ___

If yes can we contact your employer ? ___ **Have you ever applied with agency before ?** _____ **When :** _____ **What position :** _____

Education	School	Years Attended	Date Graduated	Degree attained
High School				
College				
Trade school/Business				

Attach a copy of your degree, transcript and resume to this application.

Person to notify in case of emergency: _____
 relationship _____ Phone # _____

FORMER EMPLOYERS (Please list employers for the last 10 years) Use separate sheet if needed .Be certain to list all out of state employment. We must conduct a background check on you in all states you have worked.

Date/Month/Yr	Name/Address of employer	Salary	Position	Reason for leaving
From: To:				
From: To:				
From: To:				
From: To:				
From: To:				
From: To:				
From: To:				
From: To:				
From: To:				
From: To:				

Why do you feel you are qualified for this position ?

References: Give the names of three persons not related to you whom you have known at least one year – We also need three letters of reference prior to employment with person`s address and phone #

Name	Address	Business	Years acquainted

CRIMINAL RECORD:

Have you ever had a criminal conviction for a felony , a plea of guilty or nolo contendere of a felony, or any offense of a violent or sexual nature, or any offense involving a juvenile Victim ? ____ Yes ____ No

IF YES , please state the nature of the conviction : _____

Please be advised that any offer of employment is contingent upon criminal record clearance. If a felony conviction is revealed after employment ,employment will be terminated immediately.

This is to verify that no member of my immediate family (Spouse, parents, siblings; also the following : in-laws, father , mother, daughter, son , brother, sister , grandchildren, niece or nephew is a member of the Board of Directors of ACDS Inc. I further certify that fully understand that I may not be employed in a position in which a member of my immediate family is my direct supervisor nor can I work in the same center as a relative . Furthermore, I certify that I have made a full disclosure of any criminal background. I am signing this statement with the complete understanding that a violation or falsification of any information on this application is grounds for termination without previous notice.

I fully understand that if hired I will be placed at any center where I am needed, or we the employer feels is best for the program and I can be moved from one center to another as needed without my permission or approval by me.

This application is in no way considered a contract between the ACDS Inc and any employee.

EMPLOYER AT WILL

I further understand that ACDS Inc. is an "Employer at Will". My employment with ACDS Inc is an "at will" employee and should I be hired by this agency, my employment can be terminated at any time and I may resign anytime also.

Signature

Date

REVISED
2020