



Gulf Coast Social Services

APPLICATION FOR EMPLOYMENT

Gulf Coast Teaching Family Services, Inc.
"doing business as"

GULF COAST SOCIAL SERVICES

All Applicants Must Completely and Truthfully Answer All Questions in This Application

Gulf Coast Social Services (GCSS) is an equal employment opportunity employer dedicated to a policy of nondiscrimination in employment upon any basis, including race, color, creed, religion, sex, gender identity, sexual orientation, age, national origin, disability, genetic information, or military/veteran status.

POSITION(S) APPLIED FOR: _____

Type of Work Desired: ___Full-time ___Part-time

List Days/Hours Available to Work: _____

Date Available to Start Work: _____

PERSONAL DATA

Name: _____ Email Address: _____

Current Address: _____
 Street Address or Box. No. City State Zip

Home Phone: (_____) _____

Cell Phone: (_____) _____

*Acceptance of this application by Gulf Coast Social Services does not constitute an offer of employment, nor does it constitute an employment contract. **Applications will be considered active for a period of thirty (30) days.**

GENERAL INFORMATION

(All applicants, please answer all questions in this section)

1. Have you ever applied for a job with this Agency in the past? Yes No
If yes, please give the date of application and the position for which you applied. State your name at that time, if different from present name.

2. Have you ever been employed by this Agency in the past or are you currently working in another program or another region within the Agency? Yes No
If yes, please give dates of employment, position(s) held, and state your name, while employed, if different from present name.

3. If hired, will you be able to work during the normal days and hours required for the position(s) for which you are applying? Yes No
If no, please explain:

4. Do you work for another employer? Yes No
If yes, please provide name of employer(s) and current schedule(s).

*Note: Pursuant to state licensing regulations, if you are providing direct care services, you cannot work more than **16 hours in a 24-hour period** for GCSS or in combination with another HCBS Provider Agency. The 24-hour period begins at the time of the first shift worked that day.*

5. Are you related to anyone currently employed with our Agency? Yes No
If yes, please list name(s) and relationship(s):

6. Are you related to anyone currently served by our Agency? Yes No
If yes, please list name(s) and relationship(s):

7. Are you the legal guardian, married to, engaged to, dating, living with, curator or undercurator, tutor or undertutor, or the authority of representation of anyone currently served by our Agency? Yes No
If yes, please list name(s) and relationship(s):

Note: Pursuant to contract/licensing regulations, certain personal relationships are prohibited from working with Agency clients.

8. If hired, can you furnish proof that you are 18 years of age, or, if under 18, do you have a permit to work? Yes No
If no, please explain:

9. If hired, can you furnish proof that you are eligible to work in the United States? If unsure of the documents needed to prove eligibility to work in the U.S., we will explain the requirements. Yes No
If no, please explain:

10. Pursuant to licensing requirements for certain programs, do you have access to a smart phone/device during hours of employment? Yes No

11. Do you have any experience from your prior employment or military service that would be relevant to the job(s) for which you are applying? Yes No
If yes, please explain:

****Important****

Please Read Carefully.

All Applicants Must Answer All Questions In This Section.

12. Are you charged with an unresolved criminal charge (have you been charged with a crime that has not yet resulted in a plea of guilty, court trial or a dropping of the charge)? Note: A yes answer will not automatically disqualify you from employment. Yes No
If yes or unsure, please explain fully:
13. During the past five years, have you ever been denied a driver's license or convicted of a moving traffic offense, including, but not limited to, driving while intoxicated or reckless driving? Yes No
If yes, please explain:
14. Have you ever been convicted, pled guilty, or pled "no contest" to any criminal offense? If you answer yes, list all offenses, including the date(s) and nature of the offense(s). If you were charged, but the charges were dropped or you were acquitted, answer "No." Yes No

Note: A yes answer does not automatically disqualify you from employment since the nature of the offense(s) and date(s) will be considered. However, proof of the date(s) and nature of the offense(s) will be required for employment.

15. Have you ever been excluded from providing Medicaid Services by the Office of Inspector General? Yes No
If yes, please explain:
16. Have any charges against you been substantiated by a Protective Services Agency for alleged Abuse, Neglect, Exploitation or Extortion of an individual? Yes No
If yes, please explain:

I understand that any falsification of this application or the information provided herein is grounds for rejection of an application and/or termination of employment, if hired. I promise that the information I have provided is truthful and accurate. I also understand that providing false information may, in some circumstances, constitute a criminal offense punishable by fine and/or imprisonment.

Date:_____Signed:_____

JOB-SPECIFIC INFORMATION:

(All applicants, please answer questions a...e.)

- a. Are you willing and able to travel to out-of-town locations within the state, including occasional overnight trips? __Yes __No

- b. Do you have a valid Louisiana driver's license, access to a reliable vehicle with proof of insurance, a Louisiana registration and current inspection sticker? __Yes __No
(Active military and full-time out-of-state students are not required to have a Louisiana driver's license and registration.)

- c. In positions that require working directly with our clients, are you able to transport an assigned client in a vehicle you provide? __Yes __No

If the answer to the preceding question is yes, is this vehicle able to be operated at an internal temperature that does not compromise the health, safety or needs of the client? __Yes __No

- d. If offered a position, are you willing to undergo a physical examination by a physician to prove you are physically able to perform the essential functions of the job for which you have applied? __Yes __No
If no, please explain:

- e. Do you know of any reasons that might make it difficult for the Agency to obtain a surety bond insuring your honesty? __Yes __No
If yes, please explain:

(Direct Client Care positions only, please answer question f.)

- f. Questions Where Job Involves Physical Labor:

Are you physically able to lift/transfer 100 or more lbs. on a frequent basis? __Yes __No

If the answer to the preceding question is yes, do you agree to take a test, at your own risk of injury, to prove your ability? And do you agree that the test will be conducted without any legal liability upon the Agency for any injuries, which might result? __Yes __No

(Professional positions only, please answer question g.)

- g. Do you have all the licenses and professional certifications listed in the job announcement, job advertisement, or job description, or that are necessary to perform the job(s) for which you are applying? __Yes __No
If no, please explain:

(Clerical positions only, please answer question h.)

- h. Skills Area Questions:

Typing Speed (Correct Words per Minute) _____

List the business machines and computer programs you can operate:

EMPLOYMENT HISTORY (You must completely fill out this section and list all prior jobs).

Company Name		Job Title & Duties	
Address			
City, State, Zip			
Date Employment Began		Date Employment Ended	
Reason for Leaving			
Beginning salary: _____		Ending Salary: _____	
Supervisor (and phone number, if known)		Your Name When Employed, if Different from Present Name	

Company Name		Job Title & Duties	
Address			
City, State, Zip			
Date Employment Began		Date Employment Ended	
Reason for Leaving			
Beginning salary: _____		Ending Salary: _____	
Supervisor (and phone number, if known)		Your Name When Employed, if Different from Present Name	

Company Name		Job Title & Duties	
Address			
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Company Name	Job Title & Duties
Address	
City, State, Zip	
Date Employment Began	Date Employment Ended
Reason for Leaving	
Beginning salary: _____	Ending Salary: _____
Supervisor (and phone number, if known)	Your Name When Employed, if Different from Present Name

OTHER JOB-RELATED EXPERIENCE:

IF YOU WERE UNABLE TO LIST ALL PAST JOBS OR PERIODS OF UNEMPLOYMENT ON THIS FORM, PLEASE LIST ALL OTHER EMPLOYMENT ON THE BACK OF THIS SHEET.

SCHOOLS ATTENDED	DID YOU GRADUATE? YES NO	DEGREE/ DIPLOMA/ CERTIFICATE	YEAR GRADUATED	MAJOR COURSE OF STUDY
HIGH SCHOOL	CIRCLE HIGHEST GRADE COMPLETED 1 2 3 4 5 6 7 8 9 10 11 12		DO NOT ANSWER FOR HIGH SCHOOL	DO NOT ANSWER FOR HIGH SCHOOL
TECHNICAL, VOCATIONAL, BUSINESS OR MILITARY TRAINING				
COLLEGE OR UNIVERSITY				
GRADUATE SCHOOL				
PROFESSIONAL SEMINARS				
ADDITIONAL JOB-RELATED SEMINARS, SHORT COURSES, WORKSHOPS, OR OTHER EDUCATIONAL EXPERIENCES:				

****IMPORTANT****

Please Read Carefully and Initial Each Paragraph before Signing

By my signature and initials placed below, I promise that the information provided in this employment application (and accompanying resume, if any) is true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification for my dismissal from employment, if discovered at a later date. I also understand that providing false information may, in some circumstances, constitute a criminal offense punishable by fine and/or imprisonment. I agree to immediately notify the Agency if I should be convicted of a felony, or any crime while my job application is pending or during my period of employment, if hired.

_____Initials

I authorize the investigation of all statements contained in this application (and accompanying resume, if any). I also authorize the Agency to contact any person, school, current employer (unless otherwise noted in this application form), past employer(s), listed references, and organizations named in this application form (and accompanying resume, if any) to provide the Agency with relevant information and opinion that may be useful to the Agency in making a hiring decision, and I release such persons and organizations from any legal liability in making such statements. I also release the Agency from any and all liability in connection with the use and dissemination of such information.

_____Initials

If a contingent offer of employment is made, I consent to undergo a complete physical examination, including a drug-screening exam and x-rays, and I consent to the release of any and all medical information deemed necessary by the Agency to determine my ability to perform the essential functions of the job. I also understand that if such a contingent offer of employment is made and the Agency receives information that I am physically or mentally unable to perform the essential functions of that job, with or without reasonable accommodation, that contingent offer of employment may be retracted by the Agency without further obligation.

_____Initials

I understand that GCSS and state licensing require a criminal background check prior to employment, when periodically required by program guidelines, or at any time during my employment. If a check reveals that a person has been convicted of any of the offenses enumerated in the Louisiana Revised Statutes governing the Adult Protection Act or Child Protection Act, the Agency has the right not to offer the individual employment or to terminate employment pursuant to the act(s). I also understand that under the Fair Credit Reporting Act the results of the investigation will remain confidential and that if any inaccurate information is found to exist, I have the right to refute, correct, or otherwise clarify such information, within a reasonable period of time, and I will be provided with the name, address, and phone number of the agency that provided the information.

_____Initials

I authorize the Louisiana Department of Public Safety and Corrections, Office of State Police or their designee to conduct a thorough investigation of any record of past criminal activities prior to employment and at anytime during my employment. I understand the Louisiana State Police or their designee may, at their discretion, require further investigation (fingerprints) to determine if a criminal record exists. If at anytime during my employment, further investigation is required, I understand I would immediately be placed on (unpaid) administrative suspension pending the outcome of the criminal background check.

_____Initials

I understand that GCSS and state licensing require a motor vehicle records (MVR) check prior to employment, annually, and at any time during my employment as deemed necessary by the Agency. I hereby voluntarily authorize GCSS to conduct a search of my motor vehicle records prior to employment and at any time during my employment. I also release the Agency from any and all liability in connection with any and all MVR checks conducted.

_____Initials

I understand that federal and state regulations require employers, including GCSS, to enter employees' information (name, date of birth, social security number), into federal and state exclusion databases prior to hire, and upon hire each month thereafter to ensure employees are eligible to provide services in a Medicaid program, as per Chapter 50 HCBS Provider Licensing Standards §5055. I also understand that I am not allowed to remain an employee of GCSS if I appear on any of these databases during my employment with the Agency. I hereby release GCSS, its officers, directors and employees from any claims of any type arising out of the disclosure and/or use of the information acquired through these databases.

_____Initials

I understand that when providing client services in a program that requires clocking in/out of an Electronic Visit Verification System, I will be required to use a suitable smart device capable of identifying GPS location for clocking in/out of my assigned shift. If a suitable device is not available at my designated worksite, I agree to use my personal smart device (cell phone) to clock-in/out and will be reimbursed for the additional data usage, as per the guidelines outlined in the Agency's Cell Phone Usage Policy for this specific requirement.

_____Initials

I understand that if my employment is terminated by the Agency for dishonesty, breach of trust, or any criminal acts, the proper authorities may be notified and I may be criminally prosecuted. I also understand that, if hired, I may not hold other employment or engage in sales, investments or other activities that create a conflict of interest with my position with this Agency.

_____Initials

I understand that this application does not create a contract of employment. I understand and agree that, if hired, **MY EMPLOYMENT IS FOR NO DEFINITE PERIOD OF TIME**, and may, regardless of the date of payment of my wages or salary, BE TERMINATED AT ANY TIME with or without "just cause." I also understand that requirements set out in this application are effective for any offer of employment and that verbal representations which purport to alter these terms and conditions are invalid and unenforceable.

_____Initials

I understand that the terms and conditions of my employment, if hired, are subject to change at the Agency's discretion.

_____Initials

Date: _____ Signed: _____

**Gulf Coast Social Services
2400 Edenborn Ave.
Metairie, LA 70001**

Job Reference Release Permit

EMPLOYER'S NAME ADDRESS CITY STATE ZIP

SUPERVISOR/CONTACT PERSON PHONE NUMBER

I authorize the above individual or company to furnish information concerning my past employment including dates of employment, position(s) held, salary, performance evaluations, reasons for separation/termination, and personality and character information. I agree to waive and release any claim I have against said company and/or its employees for releasing said information to Gulf Coast Social Services and to release Gulf Coast Social Services from any claims arising out of its use and/or consideration of such information.

Applicant's Printed Name

Applicant's Signature / Date

**Gulf Coast Social Services
2400 Edenborn Ave.
Metairie, LA 70001**

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Applicant's Printed Name

_____/_____
Applicant's Signature Date

**Gulf Coast Social Services
2400 Edenborn Ave.
Metairie, LA 70001**

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