



Journey Through Life LLC

Helping Families Help Themselves

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www.journeythroughlifellc.com

APPLICATION FOR EMPLOYMENT

Personal Information: (Please print the following information)

Last Name:		First:	Middle:	Date:
Street Address:		Mailing Address:		Home Telephone (with area code)
City:	State:	Zip:	County:	Secondary Telephone w/ area code
Email Address:				Social Security Number
From whom or where did you learn of our agency and this vacant position?				Are you legally eligible to work in the United States? _____
Are you related to anybody now working for JTL? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, whom: _____ Relationship: _____				
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, Date of employment: _____				
When are you available to begin work? _____				

Position(s) Desired: _____

Salary Expectations: \$ _____ per Hourly Weekly Monthly Yearly

Check the types of work you will accept:

Permanent Full-time
 Permanent Part-time
 Shift or Split Shift Work
 Temporary Full-time
 Temporary Part-time
 Working Involving Travel
 Any of the Above

Typical work activities may include changes in work location, position, duties assigned and work schedules, which best fit current needs. No condition of employment is guaranteed, but is subject to change as to best fit the needs of the agency and the customers served. At some point in your "at will" employment you may be directly involved in this type of activity.

Applicant's Signature: _____

Education: (Please include copy of transcripts and diploma, originals will be required upon employment)

Circle highest grade COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 Grad. School 1 2 3 4				
Schools	Name and Location	Dates Attended From: To:	Graduate/Type of Degree Received	Course of Study
High School				
College or University				
Graduate or Professional				
Other educational, vocational, etc.				

Skills and Trainings: (Please include copies of licenses and certifications)

Please circle the following skills and experience in which you have: Word Excel Database Windows Clinical Advisor Other _____
Special training programs and seminars you have completed:
Licenses and Certifications (list dates and sources of issuance):
Any additional information pertaining to skills, trainings and certifications:

References: (List three non-relatives who are familiar with your qualifications and actual work history and ability:)

Name and Location	Occupations / Relationship	Years Known	Telephone Number

Describe your three best attributes. What do you like about yourself?

- 1.
- 2.
- 3.

Describe your three weaknesses. What do you like to improve on?

- 1.
- 2.
- 3.

What is your personal history or background that is a source of pride to you?

What would your last employer tell us about you?

What would be the perfect job for you?

What do you want to be doing in five years?

Have you ever been convicted of an offense against the law other than a minor traffic violation? (A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.) _____ Yes _____ No (If yes, explain fully on additional sheet)

Military Service

Have you served in the Armed Forces of the United States on active duty? _____ Yes _____ No

If yes, were you discharged honorably? _____ Yes _____ No

Are you a member of the Military Reserves? _____ Yes _____ No

Employment History (Please give accurate information of complete full-time and part-time employment. Start with your present or most recent employer. (RESUME only is not acceptable.)

*****BE SPECIFIC OF THE POPULATION YOU HAVE WORKED WITH****

(CHILD or ADULT, Mental Health, Developmentally Disabled, or Substance Abuse)

Current or Last Employer:	Job Title:
Address:	Starting Salary: \$ _____ Per
	Ending Salary: \$ _____ Per
Supervisor Name/Title:	May we contact employer before offer?
Telephone:	_____ Yes _____ No
Full-time: From _____ To _____	If supervisor responsibility, the number of employees supervised by you: _____
Part-time: From _____ To _____ Hours per week? _____	
List major duties: (Please be specific)	
Reason for Leaving:	

Last Employer:	Job Title:
Address:	Starting Salary: \$ Per
	Ending Salary: \$ Per
Supervisor Name/Title:	May we contact employer before offer?
Telephone:	_____ Yes _____ No
Full-time: From _____ To _____	If supervisor responsibility, the number of employees supervised by you: _____
Part-time: From _____ To _____ Hours per week? _____	
List major duties: (Please be specific)	
Reason for Leaving:	

Last Employer:	Job Title:
Address:	Starting Salary: \$ Per
	Ending Salary: \$ Per
Supervisor Name/Title:	May we contact employer before offer?
Telephone:	_____ Yes _____ No
Full-time: From _____ To _____	If supervisor responsibility, the number of employees supervised by you: _____
Part-time: From _____ To _____ Hours per week? _____	
List major duties: (Please be specific)	
Reason for Leaving:	

PRE-EMPLOYMENT INQUIRIES RELEASE AND CONSENT

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING HIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING.

I certify that all answers and statements I have made on this application are true and complete without omissions. I understand that any false information will be grounds for refusal to hire or for immediate discharge if I am employed. I authorize the company to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies or organizations and law enforcement agencies to give you complete information and records regarding my employment, education, character, and qualifications and hereby release any said persons, schools, companies or organizations and law enforcement agencies from any liability for any damage whatsoever for providing this information.

I understand that the use of illegal drugs and alcohol is prohibited during employment. If company requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

I will be responsible for familiarizing myself with all rules and regulations of the company as they presently exist or are later modified. I understand that employment at his company is "at-will," which means that either the company or I can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis.

I also understand that no representative of the company has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in a current written agreement signed by the President of the company.

I authorize without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. A facsimile or other copy of this release/consent bearing my signature is as valid as the original. For purposes of gathering this information, I agree to supply the following information:

(Please print the following information)

Last Name:	First:	Middle:	Maiden:
Current Address:		SS#	
City/State/Zip:		County:	
Previous Address, If above address is Less than 3 years:			
Date of Birth:	Race:	Sex:	
Driver's License #:	State of Issue:	Date Issued:	
I hereby fully release and discharge above named employer, their respective affiliates, subsidiaries, officers, employees, agents, and attorneys thereof, and each of them, and any individual, organization, entity, agency, or other source providing information to above named employer, from all claims and damages arising out of or relation to any investigation of my background for employment purposes. I have the right to make a request, upon proper identification of all the information obtained from the consumer report agency.			
Date:		Signature:	
Equal Opportunity Employment Information (This information is voluntary)			
JTL policy prohibits discrimination based on race, sex, color, national origin, age or handicap. Sex, age or absence of handicap is a bona fide occupational in a small number of jobs. The information requested below will in no way affect you as an applicant. Its sole use will be to see how well our recruitment efforts are reaching all segments of the population.			
Ethnic Group			
_____ White (non-hispanic)		_____ Black (non-hispanic)	
_____ American Indian (including Alaskan native)		_____ Asian (including Pacific Islander)	
_____ Hispanic (Mexican, Puerto Rican, Cuban)		_____ Sex: Male _____ Female: _____	
Are you a U.S. citizen? _____			
I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event conformation is needed in connection with my work. I authorize education institutions, associations, registration and licensing boards, and others to furnish whatever detail is viable concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to position qualifications. (Authority: G.S. 126-30, G.S. 1401221)			
Signature of Applicant: _____		Date: _____	
(Unsigned applications will not be processed)			