

NEW ORLEANS CENTER FOR HOPE AND CHANGE

EMPLOYMENT APPLICATION

PERSONAL INFORMATION

LAST NAME	FIRST	MIDDLE/MAIDEN	SOCIAL SECURITY NUMBER			
STREET ADDRESS			CITY	STATE	ZIP	HOME TELEPHONE NO.
HAVE YOU EVER BEEN EMPLOYED BY CALABRI HEALTH LLC?		IF YES, WHAT CITY		DATES OF EMPLOYMENT (FROM & TO)		
<input type="checkbox"/> YES <input type="checkbox"/> NO						
HAVE YOU EVER APPLIED WITH NOCHC BEFORE?		POSITION APPLYING FOR		DATE YOU CAN START	SALARY DESIRED	
<input type="checkbox"/> YES <input type="checkbox"/> NO						
HAVE YOU EVER BEEN REPORTED TO THE MEDICAID OR HELATH CARE PERSONNEL REGISTRY?				IF SO, WAS THE REPORTED ALLEGATION(S) SUBSTANTIATED?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO				
IS THERE ANY REASON WHY YOU MIGHT BE UNABLE TO PERFORM CONSISTENTLY AND PROMPTLY ANY JOB DUTIES?				IF YES, EXPLAIN:		
<input type="checkbox"/> YES <input type="checkbox"/> NO				_____		
HAVE YOU EVER BEEN TERMINATED OR FORCED TO RESIGN FROM A JOB?				IF YES, EXPLAIN:		
<input type="checkbox"/> YES <input type="checkbox"/> NO				_____		
ARE YOU INTERESTED IN A PART-TIME OR FULL-TIME POSITION, WHAT DAYS AND HOURS ARE YOU AVAILABLE TO WORK?				<input type="checkbox"/> PART-TIME <input type="checkbox"/> FULL-TIME		
_____	_____	_____	_____	_____	_____	_____
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
DO YOU HAVE TRANSPORTATION?			DO YOU HAVE ANY OBJECTIONS TO TRAVEL?			
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO				
ARE YOU CURRENTLY EMPLOYED?				IF SO, MAY BE CONTACT YOUR PRESENT EMPLOYER FOR A REFERENCE?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO				
HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR?				IF YES, EXPLAIN:		

YES NO _____

A CONVICTION DOES NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT.

EDUCATION	NAME & ADDRESS OF SCHOOL	DATE BEGAN (MONTH/YEAR)	DATE COMPLETED (MONTH/YEAR)	DID YOU GRADUATE? (Y OR N)	DEGREE & MAJOR
HIGH SCHOOL OR GED	SCHOOL NAME _____ CITY STATE	/	/		N/A
COLLEGE OR TRADE SCHOOL	SCHOOL NAME _____ CITY STATE	/	/		
COLLEGE OR TRADE SCHOOL	SCHOOL NAME _____ CITY STATE	/	/		

ADDITIONAL EDUCATION, TRAINING, CERTIFICATION OR LICENSURE RECEIVED.

PREVIOUS EMPLOYERS

List your last four (4) employers, beginning with your current or most recent employer.

DATE Month/Year	PREVIOUS/CURRENT EMPLOYERS	SALARY	Your Position & Responsibilities	Supervisor's Name	Why did you leave or planning to leave?
From: / _____ To: /	CO. NAME NUMBER _____ CITY STATE				
From: / _____ To: /	CO. NAME NUMBER _____ CITY STATE				

From: / _____	CO. NAME _____	NUMBER _____				
T0: /	CITY	STATE				
From: / _____	CO. NAME _____	NUMBER _____				
T0: /	CITY	STATE				

Explain any gaps in time which exist in your above stated employment history (include dates and reason.)

This form has been designed to comply with state and federal fair employment practice laws. Questions are designed to determine a bona fide occupational qualification or for other permissible purposes.

By signing below, I affirm that I have read, understand, and agree to the following:

If employed by NOCHC I will comply with all rules and regulations of the company.

I authorize NOCHC to contact any of the sources on this application for the purpose of acquiring reference checks and/or for validation of the accuracy of the information I have provided herein. I authorize my former employers to give any information they have regarding me, whether in their records or not. I hereby release them and NOCHC from all liability for any damage whatsoever for issuing said information.

I understand that all employment offers for unlicensed positions will be conditional in nature, pending the results of my Louisiana and/or National criminal history record information check. NOCHC will decide whether to convert my employment from conditional to regular status after reviewing the contents of my LOUISIANA and/or

national criminal history record information check. All employment with NOCHC whether conditional or regular, is "at will," which means that either the employer or the employee may terminate the employment relationship at any time, for any reason, with or without notice.

I hereby certify that the answers given to all questions contained on this application are complete, true and correct. I understand that providing false information on this application or during the employment interview process, specifically including, but not

limited to, information related to any prior criminal or driving record, educational background, work history, or license/certifications may result in immediate

discharge from employment. I also understand that a prior criminal conviction will not necessarily disqualify me from employment and factors such as age at time of offense, seriousness and nature of offense, and rehabilitation will be taken into account.

APPLICANT'S SIGNATURE

DATE