

VOLUNTARY HEALTH QUESTIONS

Current status of your health _____

List any physical, mental disorders or serious illnesses in the past five years _____

Any handicaps? _____ If yes, explain: _____

**Have you ever been compelled to discontinue study or work for a substantial period because of illness, physical injury or nervous disturbance? ___yes ___no. If yes, give details and dates _____

Give date of last complete physical. _____ If over one year are you willing to obtain a physical exam at your own expense? ___yes ___no

Are you under treatment for any chronic condition at this time? ___yes ___no If yes, explain: _____

In case of emergency notify: _____

EDUCATION

High School:
Name and location: _____

Attended from _____ to _____ Give grade completed: (circle)
9th 10th 11th 12th

Did you graduate? ___yes ___no

College or University:
Name and location: _____

Attended from _____ to _____

Major _____ Degree Awarded _____

Minor _____ Total Semester Hours _____

Graduate Work ___yes ___no University _____

Dates _____ Degree _____ Total Semester Hours _____

Business School:
Name and location: _____

Dates _____ Did you graduate? ___yes ___no

Subjects taken _____

Other training: _____

Hobbies and spare time interests: _____

Would you be willing to attend training sessions on your own time? ____yes
no _____

MILITARY SERVICE

Veteran ____yes ____no Branch of Service _____

Dates Served _____ Highest rank _____

Present Reserve Status _____

Have you ever been convicted of a felony? ____yes ____no (conviction will
not necessarily disqualify applicant from employment) If yes explain: _____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, gender, national origin, handicap or other protected status.

(1) EMPLOYER _____ TELEPHONE NUMBER _____

DATES EMPLOYED FROM _____ TO _____

ADDRESS _____ JOB TITLE _____

SUPERVISOR _____ REASON FOR LEAVING _____

HOURLY RATE/SALARY - STARTING _____ FINAL _____

WORK PERFORMED _____

(2) EMPLOYER _____ TELEPHONE NUMBER _____

DATES EMPLOYED FROM _____ TO _____

ADDRESS _____ JOB TITLE _____

SUPERVISOR _____ REASON FOR LEAVING _____

HOURLY RATE/SALARY - STARTING _____ FINAL _____

WORK PERFORMED _____

IN YOUR OWN WORDS, USING THE BACK OF THIS PAGE, EXPLAIN WHY YOU FEEL QUALIFIED TO WORK FOR OUR AGENCY, WHAT YOU HOPE TO ACCOMPLISH IN THIS WORK, AND YOUR FEELINGS CONCERNING YOUR WILLINGNESS TO PERFORM BEYOND WHAT MIGHT BE CALLED "DUTY".

I CERTIFY THAT THE ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS, INCLUDING MY DRIVING RECORD, CONTAINED IN THIS APPLICATION FOR EMPLOYMENT AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION. I ALSO REALIZE THAT, IF HIRED, I WILL BE REQUIRED TO SUBMIT FINGERPRINTS TO THE STATE FOR A CRIMINAL CHECK.

THIS APPLICATION IS ONLY ACTIVE FOR 45 DAYS.

THE APPLICANT UNDERSTANDS THAT NEITHER THIS DOCUMENT NOR ANY OFFER OF EMPLOYMENT FROM THE EMPLOYER CONSTITUTE AN EMPLOYMENT CONTRACT UNLESS A SPECIFIC DOCUMENT TO THAT EFFECT IS EXECUTED BY THE EXECUTIVE DIRECTOR OF RUTHERFORD HOUSE.

IF YOU ARE PRESENTLY HANDICAPPED OR BECOME HANDICAPPED WHILE EMPLOYED AT RUTHERFORD HOUSE, REASONABLE ACCOMMODATIONS WILL BE MADE FOR YOU PROVIDING YOUR LIMITATION DOES NOT POSE A THREAT TO YOUR SAFETY OR THE SAFETY OF OUR STUDENTS.

IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW MAY RESULT IN DISCHARGE. I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF RUTHERFORD HOUSE AND MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE AT ANY TIME. I UNDERSTAND THAT NO ONE OTHER THAN THE EXECUTIVE DIRECTOR OF RUTHERFORD HOUSE HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

SINCE RUTHERFORD HOUSE IS A SMOKE FREE FACILITY, I AGREE NOT TO SMOKE DURING WORK HOURS OR ON RUTHERFORD HOUSE PROPERTY.

SIGNATURE OF APPLICANT

DATE

FOR PERSONNEL DEPARTMENT USE ONLY

REMARKS _____

EMPLOYED YES NO DATE OF EMPLOYMENT _____

JOB TITLE _____ HOURLY RATE/SALARY _____

BY _____ DATE _____
NAME AND TITLE



RUTHERFORD HOUSE

" 27 Years of Non-Profit Community Service "

MAIN OFFICE & CURFEW CENTER
1707 LINE AVENUE
SHREVEPORT, LOUISIANA 71101-4670
TELEPHONE # 318-222-0222
FAX # 318-222-0385



GROUP HOMES
SCHOOL
1707 LINE AVENUE
VOCATIONAL CENTER
CAREER ACADEMY
1905 CRESWELL
TRUANCY ASSESSMENT
CENTERS
1737 IRVING PLACE
6660 QUILEN ROAD
2815 MISSOURI AVENUE

DR. ELIOT S. KNOWLES, JR.
EXECUTIVE DIRECTOR
PRINCIPAL

MARGARET ZADOW, B.A.
DIRECTOR OF
BUSINESS AFFAIRS

KAREN AULDS BRANDAO, B.A.
ASSISTANT DIRECTOR
INTAKE/GROUP HOMES

IRA K. LONG
LICENSED PROFESSIONAL COUNSELOR

BOARD OF DIRECTORS

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LARRY HAND

BRADY HARRIS

PATRICIA KEEL

PEGGY MURPHY

MICHAEL J. PHILLIPS

BENNETT POLITZ

JUDGE HENRY A. POLITZ

JUDGE GORMAN E. TAYLOR

JUDGE PAUL YOUNG

MARK VIGEN

Date: _____

To: _____

Re: _____

Applicant: _____

Position Applied For: _____

The above named person is under consideration for a position in this agency and states that she/he was employed by your organization from _____ to _____ as a _____.

We would like to give this applicant every possible consideration and would appreciate your response to the questions listed on the second page of this letter.

Thank you for your prompt attention to this matter.

Sincerely,

Eliot S. Knowles, Jr.
Executive Director

AUTHORIZATION TO RELEASE INFORMATION TO RUTHERFORD HOUSE

I hereby authorize my previous employer(s) or other references to furnish Rutherford House with any information concerning my employment which you have on record or otherwise, and do hereby release my previous employer(s) and/or its representatives, assignees, and successors from any and all claims and liabilities arising out of or in the course of furnishing information.

Signature

Date



LOCAL RECORD CHECK APPLICATION

(For Non-Criminal Justice Agencies)

Applicant's Name: _____

Address: _____ City: _____ State: _____

Former Address: _____

Date of Birth: _____ Age: _____ Race: _____ Sex: _____

SSN: _____ Driver's License Number: _____ State: _____

List any other names you have been known by which our Department will require to verify any of the information contained in this application (maiden name, aliases): _____

AUTHORIZATION TO DISCLOSE LOCAL CRIMINAL HISTORY RECORDS INFORMATION

I understand and agree that the Shreveport Police Department shall have the right to fully investigate my record as to felonies, misdemeanors, or any other arrest. Further, I waive such legal rights if any that I may have and do release any and all persons from the liability in connection with furnishing such information about me to the below listed agency, to whom I am making application.

Signature of Applicant Date

Agency Requesting Record: RUTHERFORD HOUSE

Address: 1707 LINE AVENUE City: SHREVEPORT State: LA

Telephone Number: 818-222-0222 FAX Number: 318-222-0385

Chris Monte Executive Director
*Signature and Title of the Agency's Representative Authorized to Receive This Information

* A User's Agreement form, with the above listed person's signature, must be on file at the Shreveport Police Department; otherwise, this application cannot be processed. All information released must remain strictly confidential and only those authorized by law to receive this information may submit a request.

DO NOT WRITE BELOW THIS LINE

It is understood that owing to the fact no fingerprints were received from the applicant, this department cannot guarantee in any manner the positive identity of this record, which is being furnished to you in order that you may determine whether it pertains to the individual in whom you are interested.

Date of Arrest	Original Charge	Disposition

Check Here If No Record: _____ Record Checked by: _____ Date: _____

Attachments: Yes _____ No _____