



*Oaklane Wellness  
Rehabilitation Center*  
P. O. Box 1480 - 1400 W. Magnolia  
Eunice, La 70535

**Interview Set**

Date \_\_\_\_\_  
Time \_\_\_\_\_  
Hired \_\_\_\_\_  
Home \_\_\_\_\_  
Start \_\_\_\_\_

Type of employment desired:

- Full Time     Part Time  
 Temporary

**APPLICATION FOR EMPLOYMENT**

Date \_\_\_\_\_

Name: Mr. \_\_\_\_\_  
Mrs. \_\_\_\_\_  
Miss \_\_\_\_\_

Telephone Number \_\_\_\_\_

(necessary for employment)

Address: \_\_\_\_\_  
Number Street City State Zip Code

Social Security No. \_\_\_\_\_ Birth Date \_\_\_\_\_ Birth Place \_\_\_\_\_

Are you a citizen of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Maiden Name \_\_\_\_\_ Previous Married Name \_\_\_\_\_

Professional License No.: \_\_\_\_\_ Driver's license number \_\_\_\_\_ State \_\_\_\_\_

Are you related to any employee of this nursing home? \_\_\_\_\_ Who? \_\_\_\_\_ Relationship \_\_\_\_\_

Type of work desired \_\_\_\_\_

High School Graduate?  Yes  No / College Graduate?  Yes  No

Will you work overtime if asked?  
 Yes  No  
When will you be available to begin work? \_\_\_\_\_

Are you able to meet the attendance requirements of the position?  Yes  No

High School \_\_\_\_\_ College \_\_\_\_\_

Have you ever been arrested or convicted of a crime?  Yes  No

**IN CASE OF EMERGENCY NOTIFY:**

NAME	ADDRESS	RELATIONSHIP	TELEPHONE
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**CHARACTER REFERENCES** (Persons who know you well. **Do not include relatives**) "MUST have phone numbers!"

NAME	OCCUPATION	ADDRESS & PHONE	YEAR(S) KNOWN
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

(OVER)

**PREVIOUS WORK EXPERIENCE** (List last employment first, please list phone numbers if you know them)

DATE	EMPLOYER	SUPERVISOR	POSITION	REASON FOR LEAVING

**RECEIVED PAYMENT**

UNEMPLOYMENT INSURANCE	WORKMAN'S COMPENSATION	DISABILITY INSURANCE
Yes ___ No ___ Date _____	Yes ___ No ___ Date _____	Yes ___ No ___ Date _____

I certify that all statements made in this application are, to the best of my knowledge, correct. Should any of the statements be subsequently proved inaccurate, I understand the employer may cancel any employment. I hereby give permission for you to contact my previous employer, schools, references and physician listed on the application.

Date: \_\_\_\_\_ Signed \_\_\_\_\_

**TO BE COMPLETED BY OAKLANE WELLNESS REHABILITATION CENTER**

**(Evaluation and Result of Application)**

Interviewer's Estimate: \_\_\_\_\_ Desirable \_\_\_\_\_ Check Employers \_\_\_\_\_ Not Suitable

Comments:

Accepted: Date \_\_\_\_\_ Job Assignment \_\_\_\_\_

Starting Pay \_\_\_\_\_ Shift \_\_\_\_\_

Date to report \_\_\_\_\_ Date Started \_\_\_\_\_

Rejected \_\_\_\_\_ Keep active file \_\_\_\_\_ Possible Prospect \_\_\_\_\_ Do not contact further

**AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY RECORDS INFORMATION  
FOR NON-LICENSED EMPLOYEES**

FOR OFFICIAL USE ONLY

**CLIENT:** OAKLANE WELLNESS & REHABILITATION  
PHONE NUMBER 337-550-7200 FAX-337-550-1143

AUDIT Number: LSP \_\_\_\_\_

As a new or perspective employee of the above facility, I, \_\_\_\_\_ (Applicant's name), understand that a thorough investigation of any record of past criminal activities will be conducted from the files of the Louisiana Department of Public Safety and Corrections, Office of the State Police by an authorized law enforcement agency. Follow up investigations may be made into parish or local court records in Louisiana or court records of other state if necessary to obtain files to complete an accurate criminal history as required by Louisiana's R.S.40:1300.52 et seq.

By my signature below, I hereby authorize such an investigation and further give permission to authorized law enforcement agencies and /or courts to release all criminal record information maintained in their files which may confirm or deny my eligibility with the employer named above to the Authorized Agency. The Authorized Agency will relay this information to the employer or prospective employer named above.

It is my understanding that the results of the investigation will remain confidential and that if any criminal history is found to exist, I will be provided an opportunity to refute, correct or otherwise clarify such information.

CARDINAL INFO SERVICES, LLC, P. O. Box 852, Jennings, La. 70546  
Phone-337-989-2478; Fax-877-993-0661  
www.cardinalinfoservices.com

Applicant's Full Name  
(PRINTED) \_\_\_\_\_

AKA/MAIDENNAME \_\_\_\_\_

Social Security # \_\_\_\_\_ Driver's License# \_\_\_\_\_ State \_\_\_\_\_

Race \_\_\_\_\_ Sex \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone # \_\_\_\_\_

Current Street Address \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

I hereby agree to indemnify and hold Authorized Agency, its agents, representative, employees, any law enforcement agency and court contracted by Authorized Agency to conduct to herein authorized investigation of my criminal history harmless from any and all damages, of whatever type or nature, including court costs and reasonable attorney fees suffered by any person, including the undersigned, as a result of the investigation into my criminal history authorized to be conducted herein. I understand and agree that the investigation will be based upon a review of the State of Louisiana's Criminal History Records Database and the databases of law enforcement agencies and court systems identified above; it will not include an investigation into the criminal records of the Federal Bureau of Investigation's Identification Division Files.

\_\_\_\_\_  
Applicant's Signature Date

Please check if SOCIAL SECURITY SEARCH IS REQUIRED.

OTHER AKAS (ALSO KNOWN AS) NAMES Required to be searched.

AKA:

\_\_\_\_\_

AKA:

\_\_\_\_\_

AKA:

\_\_\_\_\_

\_\_\_\_\_

