

# THE GLEN RETIREMENT SYSTEM

**Corporate Office - 403 East Flourney Lucas Road**  
**Shreveport, LA 71115 - (318) 798-3500**

## Application for Employment

**YOU MUST FILL IN YOUR OWN APPLICATION**

*All applicable questions must be answered for this application to be considered. This application will be considered current for only 30 days from its date (below). To be considered after that time you must renew your application for employment in writing.*

### Important Notice

It is a crime in Louisiana to knowingly and intentionally provide false information on this employment application or to provide false oral statements during employment interviews in order to obtain employment as a caretaker at this facility, if the false information is relevant to the care taking obligation. La. R.S. 14:126.3.

Date of Application: \_\_\_\_\_

Social Security No. 

### PERSONAL INFORMATION

Name: \_\_\_\_\_  
LAST FIRST MIDDLE ANY OTHER NAME USED

Current Address: \_\_\_\_\_  
NO. & STREET CITY STATE ZIP CODE How long there? \_\_\_\_\_

Previous Address: \_\_\_\_\_  
NO. & STREET CITY STATE ZIP CODE How long there? \_\_\_\_\_

### CONTACT INFORMATION

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Who referred you to The Glen? \_\_\_\_\_

Do you have the legal right to work in the United States?  Yes  No  
*(Upon employment, you will be required to furnish written proof of citizenship or immigration status.)*

Are you at least 18 years of age?  Yes  No  
 If no, give age: \_\_\_\_\_  
*(If hired, proof of status will be required.)*

Have you ever been convicted of a crime other than a minor traffic violation?  Yes  No  
*(Commission or conviction of a crime is not an automatic bar to employment. All circumstances will be considered.)*

If so, give date(s): \_\_\_\_\_ Offense: \_\_\_\_\_ Ruling or Outcome: \_\_\_\_\_

Explanatory details: \_\_\_\_\_

### EDUCATION

	CIRCLE YEARS ATTENDED IN	NAME & LOCATION OF SCHOOL	YEAR YOU LEFT	DID YOU GRADUATE?	
				YES	NO
Grade School	1 2 3 4 5 6 7 8	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
High School	1 2 3 4	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
College	1 2 3 4 5 6 7	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Trade School	1 2 3 4	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Do you plan to attend school while working for The Glen?  Yes  No If so, where? \_\_\_\_\_

Subject \_\_\_\_\_

### ADDITIONAL TRAINING/SKILLS INFORMATION

Special Certifications/Publications: \_\_\_\_\_

Skills and Information relating to position applied for, or of general interest: \_\_\_\_\_

Describe hobbies, special interests, awards and activities: \_\_\_\_\_

**U.S. MILITARY SERVICE**

Present Classification: \_\_\_\_\_

Are you a member of National or State Guard or Active Reserve?  Yes  No

BRANCH	DATES		RANK WHEN ENTERING	RANK WHEN DISCHARGED
	FROM	TO		

Kind of training: \_\_\_\_\_

IF LICENSED, REGISTERED, OR CERTIFIED: DATE ISSUED: \_\_\_\_\_ TYPE: \_\_\_\_\_

NUMBER: \_\_\_\_\_ STATE ISSUED: \_\_\_\_\_ EXPIRATION: \_\_\_\_\_

**JOB SOUGHT**

Position applied for: \_\_\_\_\_ Wage or salary desired: \_\_\_\_\_  hrly  wkly  mnly

Type of employment desired (check one)  Full-time  Part-time

Shift / hours preference: \_\_\_\_\_

Are you willing to work overtime?  Yes  No Are you willing to work weekends?  Yes  No

Are there any times of the day, days of the week or days during the year that you cannot work?

Times of the day: \_\_\_\_\_ Days of the week: \_\_\_\_\_ Days during the year: \_\_\_\_\_

Date available to begin work: \_\_\_\_\_ If hired, how will you get to work? \_\_\_\_\_

**EMPLOYMENT**

Have you ever worked at any Glen Facility?  Yes  No If so, when? \_\_\_\_\_

Have you ever before applied for work with The Glen?  Yes  No If so, when? \_\_\_\_\_

Do you intend to work anywhere else in addition to working at The Glen?  Yes  No

If so, where? \_\_\_\_\_

Are you presently employed?  Yes  No Name of employer: \_\_\_\_\_

Employer's address: \_\_\_\_\_

Why do you wish to change jobs? \_\_\_\_\_

How did you learn of The Glen? (Check one) Internet  Newspaper  Other:  (Please explain) \_\_\_\_\_

**LIST ANY RELATIVES OR FRIENDS EMPLOYED BY THE GLEN:**

NAME	RELATIONSHIP	WHERE EMPLOYED

**REFERENCES** — PLEASE LIST THREE BUSINESS PEOPLE, PROFESSIONALS, OR OTHER PERSONS TO WHOM YOU COULD TURN FOR HELP.  
DO NOT LIST RELATIVES, FORMER EMPLOYERS, OR EMPLOYEES OF THE GLEN.

<b>1.</b> Name	How long known	Occupation	Telephone
Complete Address			
<b>2.</b> Name	How long known	Occupation	Telephone
Complete Address			

<b>3.</b> Name	How long known	Occupation	Telephone
Complete Address			

**WORK HISTORY** — PLEASE ACCOUNT FOR YOUR TIME FOR AT LEAST THE PAST TEN YEARS. BEGIN WITH PRESENT AND WORK BACKWARDS.

Name of present (or most recent) employer		Employer's business	
Complete address (street/city/zip)			Telephone no.
Nature of your work			Average work week
Starting date	Starting wages	Leaving date	Final wages
Name of last supervisor			
Give details on why you left (or plan to leave) this employer.			
Give reason for and length of inactivity between above job and one below (if applicable).			

Name of second last employer		Employer's business	
Complete address (street/city/zip)			Telephone no.
Nature of your work			Average work week
Starting date	Starting wages	Leaving date	Final wages
Name of last supervisor			
Give details on why you left this employer.			
Give reason for and length of inactivity between above job and one below (if applicable).			

Name of third last employer		Employer's business	
Complete address (street/city/zip)			Telephone no.
Nature of your work			Average work week
Starting date	Starting wages	Leaving date	Final wages
Name of last supervisor			
Give details on why you left this employer.			
Give reason for and length of inactivity between above job and one below (if applicable).			

Name of fourth last employer		Employer's business	
Complete address (street/city/zip)			Telephone no.
Nature of your work			Average work week
Starting date	Starting wages	Leaving date	Final wages
Name of last supervisor			
Give details on why you left this employer.			
Give reason for and length of inactivity between above job and one below (if applicable).			

*If additional space is needed for the past 10 years, attach a separate sheet and give same information called for above.*

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**PLEASE GIVE ANY ADDITIONAL INFORMATION YOU FEEL MAY HELP US IN CONSIDERING THIS APPLICATION:**

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**AGREEMENT (Read Carefully)**

I, the undersigned, agree to the following: (1) That all information supplied in this application and any attached résumé is true and correct and that any false or misleading information furnished by me regarding my application will be sufficient cause for rejection of this application or immediate dismissal if employed by The Glen; (2) That, if such is required, I will take a drug/alcohol screen test during the application process or during employment if hired, and, if required, will submit to a physical examination after a conditional offer of employment, if one is made, or during employment if hired and will permit the results to be released to The Glen and to release all persons and companies from any liability arising out of such examination or testing; (3) That during my employment with The Glen, if hired, I will report to The Glen any criminal conviction within five days of that conviction; (4) That if hired, I agree to abide by and observe all rules of The Glen and regulations and agree that my employment is at-will and can be terminated with or without cause and with or without notice at any time at either the option of The Glen or the employee and that those terms can only be modified by the Executive Director of The Glen, in writing, provided that such writing specifically acknowledges that it is a modification of this agreement and is signed by the Executive Director; (5) That no supervisor, agent, representative or employee of The Glen has now or has had in the past any authority to enter into any agreement or employment for a specified period of time, or to make any agreement which is contrary to or a modification of the above terms, nor can any policies of The Glen, either written or oral, modify the above terms; (6) That if hired, I may be on a ninety (90) day introductory period during which time I may be discharged without recourse; and (7) That the use of this application form does not indicate there are any positions open and does not in any way obligate The Glen or its associated organizations.

**RELEASE (Read Carefully)**

I, the undersigned, authorize all educational institutions which I have attended, all branches of U.S. military service in which I have served, all of my former and present employers, all credit bureaus, all court systems and all of the representatives of those organizations to furnish The Glen Retirement System, or its subsidiaries, associated organizations or representatives any and all information concerning my education, military service, former employment, credit history and/or criminal convictions. In addition, I hereby agree to hold harmless and to release all of said organizations, institutions, services, employers, bureaus, courts and representatives from any and all claims that I may have, or which may arise, against any and/or all of them, including The Glen Retirement System, its subsidiaries, associated organizations and representatives as a result of their furnishing information to The Glen, its subsidiaries, associated organizations or representatives.

Date:

Signature of applicant:

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***The Glen Retirement System is an Equal Opportunity Employer.  
All applications are considered for employment without regard to race, color,  
sex, gender, marital status, age, religion, national origin, veterans status, disability that can be  
accommodated without undue hardship, or any other legally protected characteristic or activity.***

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**The Glen Retirement System**

403 East Flourney Lucas Rd.

Shreveport, LA 71115

(318) 798-3500

(318) 213- 3502 fax

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_, SSN: \_\_\_\_\_ has applied for a position with our facility and listed your Company as a previous employer. We would appreciate your furnishing us with as much information requested as possible. Any information given will be treated confidentially. An early reply would be greatly appreciated.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Human Resources Signature

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Dates employed: From \_\_\_\_\_ To: \_\_\_\_\_

Salary: \_\_\_\_\_ Position Held: \_\_\_\_\_

Is the information listed above correct? Yes \_\_\_\_\_ No \_\_\_\_\_? If no, please provide correct information below:

\_\_\_\_\_  
\_\_\_\_\_

Why did the applicant leave your company? \_\_\_\_\_

Would you re-hire Applicant? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, why? \_\_\_\_\_

Please rate applicant on the following characteristics:

	Poor	Fair	Good	Excellent
QUALITY OF WORK	_____	_____	_____	_____
DEPENDABILITY	_____	_____	_____	_____
COOPERATIVENESS	_____	_____	_____	_____
ATTENDANCE	_____	_____	_____	_____

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Signature

Title

Date

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Salary: \_\_\_\_\_ Position Held: \_\_\_\_\_

Is the information listed above correct? Yes \_\_\_\_\_ No \_\_\_\_\_? If no, please provide correct information below:

\_\_\_\_\_  
Why did the applicant leave your company? \_\_\_\_\_

\_\_\_\_\_  
Would you re-hire Applicant? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, why? \_\_\_\_\_

\_\_\_\_\_  
Please rate applicant on the following characteristics:

	Poor	Fair	Good	Excellent
QUALITY OF WORK	_____	_____	_____	_____
DEPENDABILITY	_____	_____	_____	_____
COOPERATIVENESS	_____	_____	_____	_____
ATTENDANCE	_____	_____	_____	_____

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date