Child Nutrition Program
1201 Ryan Street
Lake Charles, LA 70601
337-433-9640

# Application for Employment

***In compliance with federal and state equal opportunity laws, qualified applicants are considered for all positions without regard to race, color, sex, national origin, age, marital status, or presence of a non-job-related medical condition or handicap.***

**Position Applying for** _____

Date Available for Employment? _____ Desired Salary _____

Name _____

Mailing Address _____

City, State, Zip _____

Primary Contact Number (___)_____ Email Address _____

Are you 18 years of age or older? ☐ Yes ☐ No

Are you available for: ☐ Full-time ☐ Part-time

Are you authorized to work in the United States? ☐ Yes ☐ No

Do you have a valid driver's license? ☐ Yes ☐ No

Has your driver's license ever been suspended or revoked? ☐ Yes ☐ No

Do you have reliable transportation to get to and from work? ☐ Yes ☐ No

Will this position involve any contact or work with minors? ☐ Yes ☐ No

- If yes, would you be willing to submit to a drug screening? ☐ Yes ☐ No
- If yes, would you be willing to submit to a criminal background check? ☐ Yes ☐ No

How did you hear about this position? _____

Did an employee of Child Nutrition Services refer you? ☐ Yes ☐ No

If yes, please provide the name of the employee: _____

Have you ever worked Child Nutrition Services before? ☐ Yes ☐ No

If yes, where, when, and in what capacity? _____

**Education**

| | | |
|---|---|---|
| **High School:** | Graduated? ☐ Yes ☐ No | |
| **Technical School:** | Graduated? ☐ Yes ☐ No | Course of Study: |
| **College/University:** | Graduated? ☐ Yes ☐ No | Course of Study: |
| **Post-Graduate Education:** | Graduated? ☐ Yes ☐ No | Course of Study: |
| **Other education, certification, training, or special skills:** | | |

**Business Skills**

Are you experienced in using personal computers? ☐ Yes ☐ No

Computer applications used _____

Other business skills (Please specify): _____

Business/Community Organizations (include only those which might relate to your position)

_____

_____

Do you have any relative(s) employed by Child Nutrition Services? ☐ Yes ☐ No

If yes, please list their name(s), relationship to you, and their position

_____

_____

**Work Experience**

| *Please list all previous employment, beginning with the most recent. If you need more room, you may attach another sheet of paper. Please attach a current resume.* | | |
|---|---|---|
| **Employer Name and Phone Number:** | **City, State:** | |
| **Dates of employment:** | **Position Held:** | **Reason for Leaving:** |
| **Supervisor's Name & Title:** | | May we contact? ☐ Yes ☐ No |
| **Description of Duties:** | | |

| **Employer Name and Phone Number:** | **City, State:** | |
|---|---|---|
| **Dates of employment:** | **Position Held:** | **Reason for Leaving:** |
| **Supervisor's Name & Title:** | | May we contact? ☐ Yes ☐ No |
| **Description of Duties:** | | |

**References: Personal and Professional (do not include relatives)**

| NAME | ADDRESS | PHONE NUMBER |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

**Disclaimer and Signature**

**THE FOLLOWING IS AN IMPORTANT PART OF THE APPLICATION AND SHOULD BE READ CAREFULLY.**

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*I understand if employed by the Lake Charles Catholic Schools Child Nutrition Program my acceptance of employment does not constitute an employment contract and no agreement to the contrary (written, stated or implied) will be recognized. I understand that my employment is at-will and subject to termination, by myself or by the Lake Charles Catholic Schools Child Nutrition Program, with or without cause, with or without notice, at any time. I understand that my employment shall depend on satisfactory replies from my references and current and former employers. I understand that the information that I have provided shall be verified by contacting any person or organization that may have information concerning me. I also understand that if my responsibilities involves contact with minors, I must undergo a criminal background check. I agree to abide by the rules, and policies of the Lake Charles Catholic Schools Child Nutrition Program.*

*I authorize the Lake Charles Catholic Schools Child Nutrition Program to verify any statements made by me on this application and on any other form(s) completed by me. I authorize all persons having knowledge of me and/or my records to release such information to the Lake Charles Catholic Schools Child Nutrition Program. I hereby release and agree to hold harmless from liability any person or organization that provides information. I also hold harmless the Lake Charles Catholic Schools Child Nutrition Program, and the officers, employees, and volunteers thereof, from any liability or claims that may arise from such disclosures or investigations.*

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I certify that statements made by me on this application are true, complete, and correct and it is further understood that should any falsifications be discovered it will constitute grounds for non-acceptance or for dismissal.

Signature: _____ Date: _____