

Application for Senior Employment

MAIL to: CAAA P.O. Box 66038 Baton Rouge LA 70896 or FAX to: 225-928-8780

We consider applicants for participation without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of non-job related medical condition or handicap, or any other legally protected status. Government agencies at times require periodic reports on sex, ethnicity, disability, veteran, and other protected classes. It is for this reason that we make such request. Auxiliary aids and services available upon request to individuals with disabilities. Equal opportunity agency/employer.

PLEASE PRINT							Date of Application:				
First Name				Middle Initial		Last Name			Date of Birth		Age
Mailing Address				City			State	Zip Code		Parish	
Primary Phone #				Alternate Phone#				Email Address			
Social Security #				Male <input type="checkbox"/> Female <input type="checkbox"/>		Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What is your highest level of education? <input type="checkbox"/> Some high school <input type="checkbox"/> High school graduate/GED <input type="checkbox"/> Vocational/Tech school graduate <input type="checkbox"/> Some college <input type="checkbox"/> 2-year college graduate <input type="checkbox"/> 4-year college graduate <input type="checkbox"/> Post graduate						What is your race? Check all that apply to you <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Other Pacific Islander <input type="checkbox"/> Other:					
						Work Status: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Never been employed					
Are you currently attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No						What type of work are you available for? <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary					
Are you a veteran or a spouse of a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No						What type of work are you looking to perform?					
If veteran, did you serve after 09/11/01? <input type="checkbox"/> Yes <input type="checkbox"/> No						List work skills including hobbies and tools, office machines you can operate:					
Do you have daily, reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No											
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No											
Employment Experience: Begin with your present or last employer. Include military service and volunteer activities.											
Employer				Job Title			Dates Employed			Reason for Leaving	
Address				Phone #			Supervisor			Hourly Rate/Salary	
Work Performed											
Employer				Job Title			Dates Employed			Reason for Leaving	
Address				Phone #			Supervisor			Hourly Rate/Salary	
Work Performed											
Who should we call in case of an emergency? Name:				Phone:			Relationship to you:				
The following information is requested to determine you eligibility for certain services that are targeted to lower income individuals. If this information is not readily available, please provide your best estimate.											
How many people, including yourself, live in your home?						Do you receive Food Stamps? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorce <input type="checkbox"/> Separated											
Name of Household Member		Age	Relation	Soc. Sec #		Source of Income		Gross Income last month*		Gross Income past 6 months*	
			SELF								
I agree that the entire contents of this application are true to the best of my knowledge and you have my permission to contact my former employers and references. Signature _____ Date _____											