



# MINI MIRACLES

Employment Application

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Applied for			
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?			
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain			

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ( )
Address	
Full Name	Relationship
Company	Phone ( )
Address	
Full Name	Relationship
Company	Phone ( )
Address	

PREVIOUS EMPLOYMENT			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date

SUBMIT TO:

Louisiana State Police  
Bureau of Criminal Identification and Information  
P.O. Box 66614 (Mail Slip A-6)  
Baton Rouge, LA 70896

**THE FEE FOR PROCESSING A STATE BACKGROUND CHECK IS \$26. FOR FBI PROCESSING, WHERE AUTHORIZED OR REQUIRED, THERE IS AN ADDITIONAL \$19.25 FEE.**

**\*\*FORMS MUST BE FILLED OUT IN INK AND BE REVIEWED BY SUBMITTING AGENCY/INDIVIDUAL FOR ACCURACY\*\***

**\*\*\*\*FINGERPRINTS ARE NECESSARY FOR A POSITIVE IDENTIFICATION\*\*\*\***

**\*\*\*\*PLEASE PRINT\*\*\*\***

FACILITY OR AGENCY _____			FACILITY OR AGENCY AUTHORIZED REPRESENTATIVE _____	
MAILING ADDRESS _____			SIGNATURE OF AUTHORIZED REPRESENTATIVE _____	
CITY _____	STATE _____	ZIP CODE _____	FACILITY OR AGENCY PHONE NUMBER _____	
Request For: (pick one only)			FACILITY E-MAIL ADDRESS _____	

- |  |   |
|--|---|
| <input type="checkbox"/> ALCOHOL AND BEVERAGE COMMISSION | <input type="checkbox"/> OFFICE OF FINANCIAL INSTITUTIONS |
| <input type="checkbox"/> ALCOHOL BEVERAGE OUTLET         | <input type="checkbox"/> OFFICE OF PUBLIC HEALTH          |
| <input type="checkbox"/> CASA                            | <input type="checkbox"/> PHARMACY BOARD                   |
| <input type="checkbox"/> CONCEALED HANDGUNS              | <input type="checkbox"/> POST SECONDARY EDUCATION         |
| <input type="checkbox"/> CRIMINAL JUSTICE EMPLOYEE       | <input type="checkbox"/> PRACTICAL NURSING                |
| <input type="checkbox"/> DAYCARE                         | <input type="checkbox"/> PRIVATE ADOPTION                 |
| <input type="checkbox"/> DENTISTRY BOARD                 | <input type="checkbox"/> PRIVATE INVESTIGATORS            |
| <input type="checkbox"/> DEPARTMENT OF LABOR             | <input type="checkbox"/> PRIVATE SECURITY                 |
| <input type="checkbox"/> DEPARTMENT OF PUBLIC SAFETY     | <input type="checkbox"/> PUBLIC HOUSING                   |
| <input type="checkbox"/> EMPLOYERS                       | <input type="checkbox"/> PUBLIC TAG AGENT                 |
| <input type="checkbox"/> FIREFIGHTERS                    | <input type="checkbox"/> REGISTERED NURSING               |
| <input type="checkbox"/> GAMING                          | <input type="checkbox"/> RELIGIOUS ACTIVISTS              |
| <input type="checkbox"/> HEALTH CARE PROVIDER            | <input type="checkbox"/> RIVERBOAT PILOTS                 |
| <input type="checkbox"/> JUVENILE DETENTION CENTER       | <input type="checkbox"/> SCHOOL                           |
| <input type="checkbox"/> DEPARTMENT OF INSURANCE         | <input type="checkbox"/> SENATE AND GOVERNMENTAL AFFAIRS  |
| <input type="checkbox"/> MANUFACTURED HOUSING            | <input type="checkbox"/> TAXI DRIVERS                     |
| <input type="checkbox"/> MEDICAL EXAMINERS               | <input type="checkbox"/> USED MOTOR VEHICLE COMMISSION    |
| <input type="checkbox"/> OCS ABUSE/NEGLECT INVESTIGATION | <input type="checkbox"/> VENDOR                           |
| <input type="checkbox"/> OCS CARETAKER                   | <input type="checkbox"/> VOLUNTEERS W/YOUTH SERVING ORG   |
| <input type="checkbox"/> OCS FOSTER/ADOPTIVE             | <input type="checkbox"/> WORKING WITH CHILDREN            |
| <input type="checkbox"/> OCS PERSONNEL                   | <input type="checkbox"/> AUTHORIZED AGENCY                |

APPLICANTS FULL NAME: \_\_\_\_\_  
\*\*\*\*PRINT - USE INK\*\*\*\*  
LAST FIRST MIDDLE  
(INCLUDE MAIDEN NAME & PREVIOUS MARRIED NAMES IF APPLICABLE)

APPLICANTS SIGNATURE: \_\_\_\_\_

APPLICANTS SOCIAL SECURITY # \_\_\_\_\_ DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_

DRIVERS LICENSE # \_\_\_\_\_ & STATE \_\_\_\_\_ RACE \_\_\_\_\_ SEX \_\_\_\_\_

POSITION OR LICENSE APPLIED FOR \_\_\_\_\_

**AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY RECORDS INFORMATION**

By my signature above, I hereby authorize the Louisiana State Police to release all pertinent criminal record information maintained in their files, other states files, or the FBI files (if applicable) which may confirm or deny my eligibility with the facility or agency named above.