



**Education**

School	Name & Address of School	Course of Study	Number of Years Completed	Diploma/ Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (specify)				

**Work Experience**

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

Employer:	Dates Employed		Work Performed
	From	To	
Address:			
Telephone Number(s):	Hourly Rate/Salary		
	Starting	Final	
Starting/Present Job Title:			
Supervisor:			
Reason for Leaving:	May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer:	Dates Employed		Work Performed
	From	To	
Address:			
Telephone Number(s):	Hourly Rate/Salary		
	Starting	Final	
Starting/Present Job Title:			
Supervisor:			
Reason for Leaving:	May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer:	Dates Employed		Work Performed
	From	To	
Address:			
Telephone Number(s):	Hourly Rate/Salary		
	Starting	Final	
Starting/Present Job Title:			
Supervisor:			
Reason for Leaving:	May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

NAME: \_\_\_\_\_

Employer:	Dates Employed		Work Performed
	From	To	
Address:			
Telephone Number(s):	Hourly Rate/Salary		
	Starting	Final	
Starting/Present Job Title:			
Supervisor:			
Reason for Leaving:	May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>Comments: Include explanation of any gaps in employment.</b>

### **Additional Information**

Summarize special job-related skills and qualifications that you feel would make you a good candidate for the position for which you have applied.


<p><b><i>Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.</i></b></p> <p>Are you capable of performing, in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.                      <input type="checkbox"/> Yes                      <input type="checkbox"/> No</p>
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### **Personal / Professional References: Do not include family members.**

Name	Phone Number	Best time to call	Occupation
1.			
2.			
3.			
4.			

POSITION: \_\_\_\_\_

DATE: \_\_\_\_\_

Have you ever been **convicted** of any unlawful offense, including any traffic violations?  Yes  No  
If yes, explain.

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Have you ever been terminated or asked to resign from any employment for alleged client abuse/neglect involvement?  
 Yes  No

Please list your driver's license number and state, along with date of issuance.

License No. \_\_\_\_\_ State: \_\_\_\_\_

Date of Issuance: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Applicant's Statement**

I certify that the answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active from a period of time not to exceed one (1) year. Any applicant wishing to be considered for employment beyond this time period should complete another application.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "At Will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "At Will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the President of the Company.

I authorize persons, schools, current employer (if approved by me in the "Work Experience" section), and other individual organizations or employers to provide LIFE, INC. with any relevant information needed to consider my candidacy. I release all such organizations and persons from any liability in reference to information furnished.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

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*Signature of Applicant* *Date*