

# Care Corps LifeHouse

## Application for Employment

This company is an Equal Opportunity Employer, dedicated to a policy of non-discrimination in employment on any basis including on race, religion, color, sex, age, national origin, disability, veteran status, marital status, or any other protected characteristic as established by law. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

**NOTE:** YOUR APPLICATION WILL REMAIN ON FILE FOR ONE (1) YEAR FROM THE SIGNATURE DATE. IF YOU ARE STILL INTERESTED IN EMPLOYMENT WITH THIS COMPANY AFTER THAT TIME, YOU MUST SUBMIT ANOTHER APPLICATION.  
32/2022

### PERSONAL INFORMATION

**PLEASE PRINT OR TYPE CLEARLY IN INK**

DATE:	SOCIAL SECURITY NUMBER:		
NAME _____			
(Last)	(First)	(Middle)	
ADDRESS _____			
(Street or PO Box)	(City)	(State)	(Zip Code)
PHONE _____			
(Home)	(Business)	(cell)	(Other)
EMAIL ADDRESS _____			

Are you 16 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you legally authorized to work in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How did you hear of this company: <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Employee <input type="checkbox"/> Walk-in <input type="checkbox"/> Other, please specify	

### Employment Desired

Position applied for:	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Other, specify	<input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights
Date you can start:	Salary Desired:
Have you ever applied here before? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, when?	
Have you ever worked here before? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, when?	

### Education

	Name and Location of School	Dates Attended From/To Month/Year	Did you graduate?	Degree Received
High School			<input type="checkbox"/> Yes	
			<input type="checkbox"/> No	
College		/	<input type="checkbox"/> Yes	
		/	<input type="checkbox"/> No	
Nursing School		/	<input type="checkbox"/> Yes	
		/	<input type="checkbox"/> No	
Trade/Business School		/	<input type="checkbox"/> Yes	
		/	<input type="checkbox"/> No	

Work Experience					
Name and Address of Company	Phone	Position	Supervisor	Dates of Employment	May We Contact for Reference?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

References (Please use work related references if possible)		
Name	Address	Phone Number
1.		
2.		
3.		

Please list any additional skills that you feel may be beneficial to the position: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby certify that all information given by me on this application is true and correct to the best of my knowledge and agree that falsified information or significant omissions is justification for refusal to hire or termination of employment.

I understand that this application and any resulting interview is not a contract of employment and employment may be terminated by either party at any time for any reason. I understand that any offer of employment is contingent upon being able to prove eligibility for employment as required by the Immigration Reform Act, satisfactory background checks, drug screen, and health screen and my ability to meet all the physical standards established by the company as essential job function of the position that I am offered.

The company reserves the right to administer periodic drug tests. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory drug tests and my compliance the Company's Drug Free Workplace Policy.

I authorize current and previous employers, personal references, schools, and organizations named on this application to provide this company with any relevant information that may be required to arrive at an employment decision. I hereby release this company from any and all liability resulting from this investigation.

By signing, I am certifying that I understand all the questions and statements on this application.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**PLEASE ATTACH A RESUME IF YOU HAVE ONE**

**THANK-YOU FOR COMPLETING THIS APPLICATION FOR EMPLOYMENT.**