

## I. GENERAL INFORMATION:

Last Name	First Name	Middle
Address		Apt. #
City	State	Zip
Email Address	Home Telephone	Mobile Phone
Position Applying For	Shift Preferred	Interested in Full-Time or Part-Time

Have you ever been convicted of a felony or are there any felony charges pending against you?    Yes    No

If yes, please state date, place, and nature of conviction (*a conviction does not constitute an automatic bar to employment*):

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Are you able to perform all of the essential functions and duties required of the position for which you are applying, with or without reasonable accommodation?    Yes    No

If no, how would you perform these essential functions and duties, and with what accommodation(s)?

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If under age 18, please state your age: \_\_\_\_    If under 18, please attach work permit.

In case of emergency, please contact: \_\_\_\_\_  
Name

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Daytime Telephone	Mobile Telephone	Evening Telephone
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## II. EMPLOYEMENT HISTORY: *Start with present employer and list all previous employment (use separate sheet if necessary)*

Dates (Month & Year)	Employer's name, address and phone number	Supervisor's Name & Title	Position/Rate of Pay
From: To:			
Reason for leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Discharged <input type="checkbox"/> Laid Off <input type="checkbox"/> Other ( <i>explain on a separate sheet of paper</i> )			
From: To:			
Reason for leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Discharged <input type="checkbox"/> Laid Off <input type="checkbox"/> Other ( <i>explain on a separate sheet of paper</i> )			
From: To:			
Reason for leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Discharged <input type="checkbox"/> Laid Off <input type="checkbox"/> Other ( <i>explain on a separate sheet of paper</i> )			
Please indicate which employer(s) you have listed that you do not wish us to contact.			

### III. EDUCATION:

High School Attended:		
Name:	Address:	Grade of Completion:
College or Trade School Attended:		
Name:	Address:	Years Completed or Degree Earned:
List any special licenses or certifications:		

### IV. PROFESSIONAL REFERENCES:

*Please only list professional references (i.e. former supervisors, colleagues, etc.)*

Reference # 1		
Name:	Title/Position:	
Company:	Phone Number:	
Reference # 2		
Name:	Title/Position:	
Company:	Phone Number:	
Reference # 3		
Name:	Title/Position:	
Company:	Phone Number:	

Please read carefully before signing

I certify that all statements made on this application form are correct and I understand that any false statements will be sufficient cause for rejection of my application or sufficient cause for discharge if I am hired. I grant the company permission to investigate any of the information given on this application form.

I understand that the use of this form does not indicate that there are any positions open and does not in any way obligate this company. Further, I understand and agree that if I am hired by this company, unless specifically set forth in writing to the contrary and signed by the President, my employment will be for no definite period, and may, regardless of the date of payment of my wages or salary, be terminated at any time for any reason at the will of the company without any previous notice.

*LifeHOUSE Health Services, LLC* is an equal opportunity employer. It is our policy that all applicants be considered solely on the basis of qualifications and ability, without regard to race, religion, color, sex, age, national origin, disability, height, weight, marital status or veteran status.

As a condition of employment, and as a condition of continuing employment, the Company shall require you to execute and return a binding arbitration agreement as the exclusive alternative dispute resolution or any and all disputes. Under binding arbitration, you waive your right to a trial by jury, and instead consent to alternative dispute resolution through and arbitrator pursuant to the rules of the Federal Arbitration Act.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_