



# Life Care, Inc.

## Application for Employment

Date \_\_\_\_\_

Name: \_\_\_\_\_ / \_\_\_\_\_ Nickname: \_\_\_\_\_  
Last First Middle Maiden

Address: \_\_\_\_\_  
Street City State Zip County

DOB: \_\_\_\_\_ S.S # \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Position Wanted: \_\_\_\_\_ Full Time / Part Time / Relief Date you can start: \_\_\_\_\_  
(Circle one or more)

Salary Desired: \_\_\_\_\_ hourly

Can you work nights:  yes / no / sometimes

Can you work weekends:  yes / no / sometimes

Can you travel to work:  yes / no / sometimes

Can you work split shifts:  yes / no / sometimes

Are you related to anyone working for LifeCare: yes / no If yes, name & relationship: \_\_\_\_\_

Were you referred to LifeCare: yes / no If yes, by whom: \_\_\_\_\_

Have you ever been convicted of a crime: yes / no If yes, explain number of convictions(s), nature of offense(s), dates of each offense(s) committed, sentence(s) imposed and type(s) of rehabilitation:

\_\_\_\_\_  
\_\_\_\_\_

### EDUCATION

	Name/Address	Graduated	Major/Degree
High School:	_____	_____	_____

College : \_\_\_\_\_

Other (specify): \_\_\_\_\_

Special Studies/Training: \_\_\_\_\_

Activities (civic/volunteer): \_\_\_\_\_

Summarize special skills acquired from employment or other experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name and Phone number of an Emergency / Alternate Contact: \_\_\_\_\_

**List three (3) personal references (one may be a relative)**

1. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

3. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

**List three (3) former employers, beginning with most recent**

Name of employer: \_\_\_\_\_ Started: \_\_\_\_\_ Ended: \_\_\_\_\_

Address/Phone: \_\_\_\_\_

Job Title/Duties: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Name of employer: \_\_\_\_\_ Started: \_\_\_\_\_ Ended: \_\_\_\_\_

Address/Phone: \_\_\_\_\_

Job Title/Duties: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Name of employer: \_\_\_\_\_ Started: \_\_\_\_\_ Ended: \_\_\_\_\_

Address/Phone: \_\_\_\_\_

Job Title/Duties: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Supervisor: \_\_\_\_\_

**Please Read Carefully**

I authorize investigation of all statement contained in this application. I understand that the misrepresentation or omission of the facts called for is cause for dismissal at any time without any previous notice. I hereby give Life Care, Inc. permission to contact schools, previous employers (unless otherwise indicated), references and others, and hereby release Life Care, Inc. from any liability as a result of such contact. I understand as a condition for employment I must undergo a background screening through the Colorado Department of Law Enforcement.

There will be a probationary period of ninety (90) days, and further at any time during the probationary period or thereafter, my employment relationship with Life Care, Inc. is terminable at will for any reason by either party.

I understand the above conditions of employment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Life Care, Inc. is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

**OFFICE USE ONLY**

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks from references: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hire Date: \_\_\_\_\_ Pay Rate: \_\_\_\_\_ Position: \_\_\_\_\_

Local Background Complete:  yes / no Comments: \_\_\_\_\_

Meets DS Qualifications:  yes / no Meets Aged/Disabled Qualifications:  yes / no

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_