



**eLIFESPACES**  
**EMPLOYMENT APPLICATION**

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, age, sex, religion, national origin, handicap, disability, or status as a Vietnam-era or disabled veteran. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

*Note:* This application form was designed for use by persons applying for various types of positions. Please read this entire application before you answer any questions. Some questions may not be completely applicable to your situation, but we ask that you answer all job-related inquiries to the best of your ability. The application will remain active for a period of 30 days. Those applicants not employed within the 30-day period will need to reapply.

(PLEASE PRINT) Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First MI

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

Telephone: *(Check which one preferred)*  Home (\_\_\_\_\_)\_\_\_\_\_  
 Business (\_\_\_\_\_)\_\_\_\_\_

Position Desired: \_\_\_\_\_ Part-Time  *Check One*  
 Full-Time   
 Other

Date Available: \_\_\_\_\_

Referral Source:	Employment Agency <input type="checkbox"/> School/College <input type="checkbox"/>	Walk-In Applicant <input type="checkbox"/> Employee Referral <input type="checkbox"/>	Newspaper Advertisement <input type="checkbox"/> Other:_____ <input type="checkbox"/>
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Have you ever applied for a position with us?  Yes  No If "yes", when? \_\_\_\_\_

Have you ever been employed by us?  Yes  No If "yes", when? \_\_\_\_\_

Do you have a relative working here?  Yes  No If "yes", state identity & relationship? \_\_\_\_\_

Are you currently employed?  Yes  No

**EDUCATIONAL DATA**

School	Print Name, Number & Street, City, State and Zip Code for each School Listing	# of Years Completed	Degree	Major Course of Study
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Graduate School	_____	_____	_____	_____
Trade, Business, Night, or Correspondence	_____	_____	_____	_____
Other	_____	_____	_____	_____

## PREVIOUS EMPLOYMENT

In the following spaces give a complete record of your employment including periods of unemployment, if any. Begin with your most recent employment and work back. If additional space is needed, please continue on a separate sheet.

### HISTORY

#### MOST RECENT EMPLOYER

<b>Date</b> <i>Month and Year</i>	<b>Print Name</b> <b>Number &amp; Street, City, State and Zip Code</b>	<b>Salary</b>	<b>Last Title/Position</b>
From To			

<b>Immediate Supervisor's Name</b>	<b>Telephone Number</b>	<b>Other Positions Held</b>
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**Duties:**

**Reason for Leaving:**

<b>Date</b> <i>Month and Year</i>	<b>Print Name</b> <b>Number &amp; Street, City, State and Zip Code</b>	<b>Salary</b>	<b>Last Title/Position</b>
From To			

<b>Immediate Supervisor's Name</b>	<b>Telephone Number</b>	<b>Other Positions Held</b>
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**Duties:**

**Reason for Leaving:**

<b>Date</b> <i>Month and Year</i>	<b>Print Name</b> <b>Number &amp; Street, City, State and Zip Code</b>	<b>Salary</b>	<b>Last Title/Position</b>
From To			

<b>Immediate Supervisor's Name</b>	<b>Telephone Number</b>	<b>Other Positions Held</b>
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**Duties:**

**Reason for Leaving:**

#### ADDITIONAL INQUIRIES CONCERNING PREVIOUS EMPLOYMENT

(In response to these inquiries, continue on a separate sheet if you require additional space).

1. May we contact your present employer?     Yes     No                      Previous employers?     Yes     No

If you answered "no" to the above, please identify any exceptions and reasons for not contacting:

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**ADDITIONAL INQUIRIES CONCERNING PREVIOUS EMPLOYMENT (continued)**

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2. Have you ever been dismissed or forced or asked to resign from any employment?  Yes  No

If you answered "yes" to the above, please explain. \_\_\_\_\_

\_\_\_\_\_

3. Except for vacations and holidays, how many work days were you absent this year?

0-5 days  5-10 days  10-15 days  15-20 days  21+ days

During the previous calendar year?

0-5 days  5-10 days  10-15 days  15-20 days  21+ days

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**MILITARY EXPERIENCE**

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Have you ever served in the U.S. Armed Forces?  Yes  No

If you answered "yes" to the above, please describe any special job-related training received. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**OTHER SPECIAL SKILLS**

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Are there other experiences, skills, or qualifications you feel would especially support your application for employment with eLifespaces?

\_\_\_\_\_

\_\_\_\_\_

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**REFERENCES**

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List three (3) individuals. DO NOT include relatives or former employers.

NAME	OCCUPATION	ADDRESS	PHONE NUMBER	HOW LONG KNOWN
_____	_____	_____	(____) _____	_____
_____	_____	_____	(____) _____	_____
_____	_____	_____	(____) _____	_____

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**GENERAL INFORMATION**

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1. Are you over 18 years of age?  Yes  No      2. Do you possess a valid S.C. Driver's License?  Yes  No

3. Have you ever been convicted of a felony?  Yes  No  
(An affirmative response will not automatically disqualify you from being considered as a candidate for employment).

If you answered "yes" to the above, please explain. \_\_\_\_\_

\_\_\_\_\_

4. If you are applying for a position involving evening or weekend work, can you fulfill such scheduling requirements?

Yes  No

5. Are you willing to work overtime as requested?  Yes  No

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## Applicant's Statement

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that any falsified information or omission may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize a thorough investigation of my past employment and activities, agree to cooperate in such investigation, and release from all liability or responsibility all persons or corporations requesting or supplying such information. I further authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the job for which I am being considered or any future job in the event that I am hired.

I hereby agree to submit to any lawful drug, polygraph or integrity testing that may be required as a condition of employment or continued employment and understand that refusal to submit to such testing during the course of my employment may result in disciplinary action, up to and including discharge.

I understand that in the event that I am offered employment with Lifespaces, Inc. (or any of its subsidiaries), that I may be required, as a condition of employment, to execute a covenant-not-to-compete and that by executing said covenant I will acknowledge that the terms of said covenant are reasonable and necessary for the protection of Lifespaces, Inc.'s legitimate business interest.

**IMPORTANT. I UNDERSTAND THAT MY EMPLOYMENT IS TERMINABLE-AT-WILL, THAT I AM NOT BEING EMPLOYED FOR ANY SPECIFIED TIME, AND THAT THIS APPLICATION IS NOT AND IS NOT INTENDED TO BE A CONTRACT FOR EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME.**

I understand that according to federal law all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and U.S. citizen status or, if aliens, their legal authorization to work in the U.S. As a consequence, I understand that any offer of employment would be contingent on my ability to produce the required documentation within the time period required by law.

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Signature of Applicant

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Date

Applications may be delivered:

In person or by courier to our offices located at  
1808 Meeting Street Rd., Ste. A | Charleston, SC 29405  
or emailed to [info@elifespaces.com](mailto:info@elifespaces.com)

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### (For Office Use Only)

Application taken by:

Date