

LDR Home Care LLC

313 4th St Courtland, MN 56021

Phone: (507)359-3510 Fax: (507)359-2193

Email: Admin@ldrhomecare.com

EMPLOYMENT APPLICATION

It is the policy of LDR Home Care L.L.C. to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability, or veteran status.

Applicant Information

Applicant Name:		
Address:		
City:		_ Zip:
Daytime phone: ()	Evening phone: (
Job Position Applying for:		
Have you applied to our company previously?	Yes: No:	_
If yes, when?		
Are you at least 16 years old? Yes:		
Are you willing to work any hours, including n	nights and weekends? Yes:	No:
If no, please state any limitations:		
If you are offered employment, when would y	ou be available to begin work?	
Are you legally eligible for employment in the		
Were you referred to LDR by a current emplo	vee? If so, who referred you?	
were you reserved to his it by a correct empro		
Applicant's Skills	1' 5	1
List any skills that may be useful for the job	you are seeking. Enter the num	iber of years of experience.

Applicant Employment History

List your current or most recent employment first.

Employer Name:					
Supervisor Name:					
Phone: ()					
Address:					
City:					
Job Duties:					
Reason for Leaving:					
Dates of Employment (Month/Year):	/ _		_ thru		/
Employer Name:					
Supervisor Name:					
Phone: (
Address:					
City:					
Job Duties:					
Reason for Leaving:					
Dates of Employment (Month/Year):					/
Employer Name:					
Supervisor Name:					
Phone: (
Address:					
City:		State: _		_ Zip:	
Job Duties:					
Reason for Leaving:					
Dates of Employment (Month/Year):	/ _		thru		/

Applicant's Education and Training

College/University Name:		
College/University Address (City, State):		
Date of attendance (month/yr): From:		
Did you receive a degree? Yes: No: If yes	, degree received:	
High School/GED Name:		
High School/GED (City, State):		
Did you receive a Diploma: Yes: No: D		
Other training (graduate, technical, vocational):		
Awards, Honors, Special Achievements:		
Military Service: Yes: No: Branch:		
Specialized Training:		
References		
List any two people who would be willing to provide a ref	erence for you.	
Name:		
Address:		
City:	State: Zip:	
Telephone: ()		
Relationship:		
Name:		
Address:		
City:		
Telephone: ()		
Relationship:		

CERTIFICATION

I certify that the information provided on this application is truthful and accurate to the best of my knowledge. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize LDR Home Care L.L.C. to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment and degrees received. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of LDR Home Care by its CEO, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, LDR Home Care L.L.C will have the same right. Moreover, no agent, representative, or employee of LDR Home Care L.L.C., except in a specific written contract of employment signed on behalf of the organization by an Owner, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABO	OVE CERTIFICATION AND I
UNDERSTAND AND AGREE TO ITS	TERMS.
APPLICANT SIGNATURE	DATE