

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: ()		
Job Position Applying for:		
Have you applied to our company previously? Yes:		
If yes, when?		
Are you at least 16 years old? Yes: No:		
Are you willing to work any hours, including nights a	nd weekends? Yes:	No:
If no, please state any limitations:		
If you are offered employment, when would you be a	vailable to begin work?	
Are you legally eligible for employment in the United		
Were you referred to LDR by a current employee? If	so, who referred you?	
Applicant's Skills List any skills that may be useful for the job you ar	e seeking. Enter the numl	ber of years of experience.
Were you referred to LDR by a current employee? If Applicant's Skills	so, who referred you?	

Applicant Employment History

List your current or most recent employment first.

Employer Name:				
Supervisor Name:				
Phone: (
Address:				
City:			Zip:	
Job Duties:				
Ending pay rate: Reason for Leaving:				
Dates of Employment (Month/Year):	/	_ thru		/
Employer Name:				
Supervisor Name:				
Phone: ()				
Address:				
City:			_ Zip:	
Job Duties:				
Ending pay rate: Reason for Leaving:				
Dates of Employment (Month/Year):				
Employer Name:				
Supervisor Name:				
Phone: ()				
Address:				
City:	State:		Zip:	
Job Duties:				
Ending pay rate: 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: to:
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: Date received (month/yr):
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 reference for you.
Name:
Address:
City: State: Zip:
Telephone: (
Relationship:
Name:
Address:
City: State: Zip:
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