

Employment Application

Life Enhancement Home Care



APPLICANT INFORMATION			
(Last Name)		(First Name)	
(Street Address)			(M.I.)
(City)			(Apartment/Unit #)
(State)		(Zip Code)	
(Telephone Number)	(Social Security Number)	(Desired Salary)	<input type="checkbox"/> I am a U.S. Citizen <input type="checkbox"/> I am authorized to work in the U.S.
Email Address			

Days Available to Work	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday		
Shift Available	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Full Time <input type="checkbox"/> Part-time		
Have you ever worked for this company? <input type="checkbox"/> Yes <input type="checkbox"/> No Yes, when?	Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:	

EDUCATION			
Name of High School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	College? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No
College Name:			

PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Job Title		Starting Salary / Ending Salary	
Responsibilities			
From - To	May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason for Leaving:			
Company		Phone	
Address		Supervisor	
Job Title		Starting Salary / Ending Salary	
Responsibilities			
From - To	May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason for Leaving:			
Company		Phone	
Address		Supervisor	
Job Title		Starting Salary / Ending Salary	
Responsibilities			
From - To	May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason for Leaving:			

Life Enhancement Home Care ("the Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "Consumer Report." The consumer report may contain information regarding your criminal history and/or motor vehicle records ("driving records") and may also contain other background information about you. As such, the consumer report may bear upon your character, general reputation, personal characteristics, and or mode of living.

Last Name		First Name		Middle	
Social Security Number		Date of Birth (MM/DD)		Other Names (s) Maiden/Married	
Driver's License Number		State		Email Address	

RESIDENCES (start with most current)

Street Address		City / State / Zip		How Long	
Street Address		City / State / Zip		How Long	

EMPLOYERS

Current Employer	City/State/Zip	Phone#	Position	May we contact?
				<input type="checkbox"/> Yes
				<input type="checkbox"/> No
Previous Employment	City/State/Zip	Phone#	Position	Date of Emp.

EDUCATION

School's Attended	Name of School	City/State	Dates Attended	Year Graduated
High School				
College				
Other				

The following information is used for identification and statistical purposes. It is not used in any manner considered discriminatory under EEOC guidelines.

Date of Birth		Race		Sex	
				Telephone Number	

Signature

Date Signed



Drug Test Authorization & Consent Form

Life Enhancement Home Care

I, _____, hereby knowingly and voluntarily authorize and consent to the collection and testing of specimens of my urine by a collection site and laboratory to be designated by Life Enhancement Home Care (Hereinafter referred to as "the Company") or its designated agent acting as an employment screening services for the purpose of drug testing.

I authorize the collection site, laboratory and medical review officer (MRO) to disclose the results of my drug tests to the Company.

I acknowledge that the drug test results will be utilized by the Company to determine my eligibility for employment or continued employment or continued employment, therewith.

I acknowledge that at the time of collection, a refusal to authorize the collection and testing of my urine by the collection site and laboratory, or a refusal to authorize the above disclosure of the test results will be treated as a positive drug test. I further acknowledge that a positive drug test will result in disciplinary action up to and including denial of employment or termination, if hired.

In addition, I hereby knowingly and voluntarily release the Company and its designated agent authorized to provide the screening and their respective officers, directors, employees and agents from any and all claims, damages, losses, liabilities, costs and expenses, including attorney fees, arising from or relating to such collection and testing and any disclosure of the results thereof, including without limitation, the disclosure of any inaccurate or incomplete results, to the fullest extent permitted by law.

I further authorize the testing laboratory to disclose the results of my drug screen to the Company, or its agents for a period of time not to exceed two years from the date of my signature below.

I acknowledge that I have the right to receive a copy of this authorization.

I have read and understand the above Authorization & Consent in its entirety, and I agree that a copy of this document is as valid as the original.



Applicant's Signature

Date

Applicant's Printed Name

Street Address

City

State

Zip

Social Security Number:

Applicant Home Phone / Cell Phone:

Applicant Email Address:

References

Full Name

Relationship

Company

Phone #

Address

Full Name

Relationship

Company

Phone #

Address

Full Name

Relationship

Company

Phone #

Address

Disclaimer and Signature

I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusing to hire me, or for discharge should I be hired.

I authorize any person, organization or company listed on this application to furnish you any and all information concerning my previous employment, education and qualifications for employment. I also authorize you to request and receive such information.

In consideration for my employment, I agree to abide by the rules and regulations of the company, which rules may be changed, withdrawn, added or interpreted at any time, at the company's sole option and without prior notice to me.

I also acknowledge that my employment may be terminated, or any offer or acceptance of employment withdrawn, at any time, with or without cause, and with or without prior notice at the option of the company or myself.

Signature

Date



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Background Check Consent Form

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Last Name		First Name		Middle
Social Security Number	Date of Birth (MM/DD)		Other Names (s) Maiden/Married	
Driver's License Number	State	Email Address		

RESIDENCES (start with most current)

Street Address	City / State / Zip	How Long
Street Address	City / State / Zip	How Long

EMPLOYERS

Current Employer	City/State/Zip	Phone#	Position	May we contact?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
Previous Employment	City/State/Zip	Phone#	Position	Date of Emp.

EDUCATION

School's Attended	Name of School	City/State	Dates Attended	Year Graduated
High School				
College				
Other				

The following information is used for identification and statistical purposes. It is not used in any manner considered discriminatory under EEOC guidelines.

Date of Birth	Race	Sex	Telephone Number
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Signature

Date Signed