Employment Application



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Last Name			Christian Marchael Control			A Marie Company			
			First Name	Section and the second	Mi	iddle			
Social Security Number	er Dat	e of Birth (MM/DC	9)	Other Names (s) Maiden/Married					
Driver's License No	mber	State	er en samte en e	Email Address					
RESIDENCES (start with m	nost current)								
48	Street Address			(ity / State /Zip	How Long			
Street Address					Tity / State /Zip	How Long			
EMPLOYERS Current Employer	Ca	y/State/Zip	Phon	#	Position	May we contact			
						Yes No			
Previous Employment		City/State/Zip		•	Position	Date of Emp.			
DUCATION									
School's Attended High School				City/State	Dates Attended	Year Graduated			
C10011.34.55.55									
College									

Date Signed

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Signature



Drug Test Authorization & Consent Form

Social Security Number:
Applicant Home Phone / Cell Phone:
Applicant Email Address:

Life Enhancement Home Care

herby knowingly and voluntarily authorized 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 fulles 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.
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References	
Full Name	Relationship
Company	Phone #
Address	
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Full Name	Relationship
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Disclaimer and Signature	Disc	laimer	and	Sig	natur
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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



Background Check Consent Form

Life Enhancement Home Care

Life Enhancement Home Care ("the Company") may obtain information about you from a consumer reporting agency for amployment 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.

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College							
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discriminatory under EE	OC guidelines.						
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