

EMPLOYMENT APPLICATION

L.I.F.E Inc. – Care Provider and Free Referral Services
1000 Paseo Camarillo, Suite 125 | Camarillo, CA 93010
P: (805) 482-5075 | F: (805) 445-1435 | www.lifereferral.org



APPLICANT INFORMATION

Date: _____
MM/DD/YYYY

Full Name: _____
Last First M.I.

Preferred Name/Nickname: _____

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Mobile Phone: _____ Home Phone: _____

Email Address: _____

Desired Position: _____ Desired Hourly Pay: \$ _____ \$ _____
Minimum Desired

Are you interested in: ☐ Full-Time ☐ Part-Time ☐ Temporary

Have you ever worked for this company? ☐ Yes ☐ No If yes, when? _____

How did you hear about the position? ☐ Flyer ☐ Internet ☐ Other: _____

What date are you available to begin work? _____
MM/DD/YYYY

Availability
for Work:
(Hour – Hour)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Are you authorized to work in the United States? ☐ Yes ☐ No

Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with these laws, L.I.F.E. Inc. will verify the status of every individual offered employment with the Company. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization.

Are you under 18 years of age? ☐ Yes ☐ No If yes, can you furnish a work permit? ☐ Yes ☐ No

PREVIOUS EMPLOYMENT

Company: _____ Phone: _____

Address: _____

L.I.F.E. Inc. is an equal opportunity employer and does not discriminate against any applicant or employee because of race, color, religion, sex, national origin, disability, age, or military or veteran status in accordance with federal law. In addition, L.I.F.E. Inc. complies with applicable state and local laws governing non-discrimination in employment in every jurisdiction in which it maintains facilities. L.I.F.E. Inc. also provides reasonable accommodation to qualified individuals with disabilities in accordance with applicable laws.

Supervisor Name: _____ Supervisor Title: _____

Job Title: _____ From: _____ To: _____

Job Duties: _____

Termination: ☐ Voluntary ☐ Involuntary

Reason for Leaving: _____

Company: _____ Phone: _____

Address: _____

Supervisor Name: _____ Supervisor Title: _____

Job Title: _____ From: _____ To: _____

Job Duties: _____

Termination: ☐ Voluntary ☐ Involuntary

Reason for Leaving: _____

Company: _____ Phone: _____

Address: _____

Supervisor Name: _____ Supervisor Title: _____

Job Title: _____ From: _____ To: _____

Job Duties: _____

Termination: ☐ Voluntary ☐ Involuntary

Reason for Leaving: _____

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EDUCATION

High School: _____ City: _____ State: _____

From: _____ To: _____ Did you graduate? ☐ Yes ☐ No Degree: _____

College: _____ City: _____ State: _____

From: _____ To: _____ Did you graduate? ☐ Yes ☐ No Degree: _____

Other: _____ City: _____ State: _____

From: _____ To: _____ Did you graduate? ☐ Yes ☐ No Degree: _____

PROFESSIONAL DESIGNATIONS

Designation: _____ Organization Granting Designation: _____ Date Completed: _____

Designation: _____ Organization Granting Designation: _____ Date Completed: _____

PROFESSIONAL LICENSES

Type of License: _____ State Granting License: _____ License Number: _____

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REFERENCES

Please list (3) three professional references.

Full Name: _____ Company: _____

Relationship: _____ Phone: _____ Email: _____

Full Name: _____ Company: _____

Relationship: _____ Phone: _____ Email: _____

Full Name: _____ Company: _____

Relationship: _____ Phone: _____ Email: _____

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SIGNATURE

Please read carefully before signing and application.

I have submitted the attached form to the company for the purpose of obtaining employment. I acknowledge that the use of this form, and my filling it out, does not indicate that any positions are open, nor does it obligate the company to further process my application.

My signature below attests to the fact that the information that I have provided on my application, resume, given verbally, or provided in any other materials, is true and complete to the best of my knowledge and also constitutes authority to verify any and all information submitted on this application. I understand that any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from the Company's employ.

I also affirm that I have not signed any kind of restrictive document creating any obligation to any former employer that would restrict my acceptance of employment with the Company in the position I am seeking.

I understand that this application is not an employment contract for any specific length of time between the Company and me, and that in the event I am hired, my employment will be "at will" and either the Company or I can terminate my employment with or without cause and with or without notice at any time. Nothing contained in any handbook, manual, policy and the like, distributed by the Company to its employees is intended to or can create an employment contract, an offer of employment or any obligation on the Company's part. The Company may, at its sole discretion, hold in abeyance or revoke, amend or modify, abridge or change any benefit, policy practice, condition or process affecting its employees.

References: I hereby authorize the company and its agents to make such investigations and inquiries into my employment and educational history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquiries connected with my application and I specifically authorize the release of information by any schools, businesses, individuals, services or other entities listed by me in this form. Furthermore, I authorize the company and its agents to release any reference information to clients who request such information for purposes of evaluating my credentials and qualifications.

Temporary/Contract Employment: If employed as a temporary or contract employee, I understand that I may be an employee of the company and not of any client. If employed, I further understand that my employment is not guaranteed for any specific time and may be terminated at any time for any reason. I further understand that a contract will exist between the company and each client to whom I may be assigned which will require the client to pay a fee to the company in the event that I accept direct employment with the client, I agree to notify the company immediately should I be offered direct employment by a client (or by referral of the client to any subsidiary or affiliated company), either for a permanent, temporary (including assignments through another agency), or consulting positions during my assignment or after my assignment has ended.

Signature: _____ Date: _____

For California Applicants Only (*Optional*)

I am providing my contact information to the Company for limited purposes only and consider such information to be private. I understand that from time to time individuals file class action lawsuits against companies and that the mere filing of a lawsuit does not mean that the claims in the lawsuit have merit. I also understand that it is possible that individuals or their attorneys may ask that the Company provide them with my contact information as part of a class action lawsuit. I do not consent to the Company providing my contact information to any individual or attorney in any such lawsuit that may be filed, unless I later give my express written consent, or unless the Company is required to do so by law or the Company determines that I am a witness to that lawsuit.

Signature: _____ Date: _____

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