



APPLICATION FOR EMPLOYMENT

PERSONAL

Name		Today's Date
Address	City	Zip
Phone(s)		
Email Address	Position Desired	Salary/Pay Rate Desired

GENERAL

A **Yes** or **No** answer to any of the following questions will not necessarily disqualify an applicant from employment.

Yes No	Are you at least 18 years of age?
Yes No	If not yet 18, can you provide a work permit if necessary?
Yes No	If hired, can you present proof of your identity and the right to work in the United States?
Yes No	If hired, can you provide a valid California driver's license?
Yes No	Do you own a car?
Yes No	If hired, do you have a reliable means of transportation?
Yes No	Have you ever been convicted of a misdemeanor or felony? (Do not include any marijuana convictions more than two years old.) If so, please describe:

Yes No	Could you travel, if necessary?
Yes No	Are you able and willing to abide by our Company policies and procedures?
Yes No	Do you speak English? If you speak any other languages, please list:
Yes No	Do you have any friends or relatives who work at this location? If Yes, List:
Yes No	Have you worked for our Company before?
Yes No	Are you able to receive any and all permits/licenses required for this position, and required by law?
Yes No	Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? If not, describe the functions that cannot be performed:

What days and hours are you available to work? _____

Are you available to work on weekends? _____

Would you be available to work overtime, if necessary? _____

PREVIOUS EMPLOYMENT HISTORY: Please list below all employers, beginning with your most recent. You may include military or volunteer service, if applicable.

Employer	Dates Employed
Address	Position/Title
Supervisor	Phone
Duties	Pay Rate
Reason for Leaving	May we contact this employer?

Employer	Dates Employed
Address	Position/Title
Supervisor	Phone
Duties	Pay Rate
Reason for Leaving	May we contact this employer?

Employer	Dates Employed
Address	Position/Title
Supervisor	Phone
Duties	Pay Rate
Reason for Leaving	May we contact this employer?

Additional Employers

Company	Position/Title	Dates
Company	Position/Title	Dates
Company	Position/Title	Dates

EDUCATION

High School	Major/Courses	Degree/Diploma	Did you graduate?
College	Major/Courses	Degree/Diploma	Did you graduate?
Other	Major/Courses	Degree/Diploma	Did you graduate?

Please list below any additional education, training, certification or licensing that you would like us to know about:

REFERENCES: Please list below three persons not related to you who have knowledge of your work performance.

Name	Company	Relationship	Phone
Name	Company	Relationship	Phone
Name	Company	Relationship	Phone

Please read carefully and sign below.

In exchange for the consideration of my job application by Living Well Assisted Living at Home, Inc. (herein "Company"):

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I agree that neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Living Well Assisted Living at Home, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Owner/Managing Member of the Company. Both the undersigned and Living Well Assisted Living at Home may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, all previous employers (unless otherwise indicated), references and others and hereby release the Company from any liability as a result of such contact.

In connection with my suitability for employment the Company, I understand that prior to or at any time after my employment commences a consumer report may be requested for employment purposes from Hire Right, Inc. from public records including, but not limited to, Social Security Number, motor vehicle operation history/driving records, and criminal history to the extent permitted by law from various local, state, and federal agencies. Further, I understand that an Experian Employment Insight Report, Trans Union Employment Credit Report or Equifax Persona report may be requested.

I understand that the Company is committed to providing a drug and alcohol free workplace and that the Company tests all applicants who may receive job offers from the Company for drugs and alcohol at the Company's expense as a condition of employment.

In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. I understand that nothing contained in the application, or conveyed during any interview, which may be granted, or during my employment, if hired, is intended to create an employment contract between the Company and me.

Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the Company, I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

Name of applicant

Signature

Date

Thank you for completing this application form and for your interest in our business

Living Well Assisted Living at Home, Inc. is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Company depends solely on your qualifications.