

APPLICATION FOR EMPLOYMENT

(Please Print)

IF YOU NEED ASSISTANCE TO PARTICIPATE IN THE APPLICATION PROCESS (SUCH AS FILLING OUT THE APPLICATION, TAKING A TEST, THE JOB INTERVIEW OR A JOB DEMONSTRATION), PLEASE INFORM THE HUMAN RESOURCES DEPARTMENT.

Applicant:

Complete All Information On All Pages.

PERSONAL

LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE
STREET ADDRESS			TELEPHONE NUMBER ()
CITY	STATE	ZIP CODE	BUSINESS NUMBER (May we contact you there?) () ____ YES ____ NO
TYPE OF WORK APPLYING FOR: ____ FRONT DESK ____ INSTRUCTOR ____ OFFICE/CLERICAL ____ PROFESSIONAL ____ SALES ____ MAINTENANCE ____ HOUSEKEEPING ____ LIFE GUARD ____ CHILD CARE ____ FULL TIME ____ PART TIME ____ TEMPORARY/SEASONAL			SOCIAL SECURITY NUMBER - - Email _____
DESCRIBE BRIEFLY TYPE OF WORK YOU WOULD LIKE TO DO, APPLICATIONS ARE FILLED ACCORDING TO THE POSITION APPLIED FOR; THEREFORE, BE AS SPECIFIC AS POSSIBLE IN YOUR DESCRIPTION.			EARNINGS EXPECTED ANNUAL \$ _____ OR HOURLY \$ _____
HAVE YOU PREVIOUSLY BEEN EMPLOYED BY LIFECENTER PLUS? ____ YES ____ NO IF YES, WHEN?			DATE YOU WOULD BE AVAILABLE TO BEGIN WORK. _____
YOUR NAME THEN, IF DIFFERENT.			DO YOU SMOKE OR USE OTHER TOBACCO PRODUCTS? ____ YES ____ NO
IF EMPLOYMENT IS OFFERED, CAN YOU SUBMIT A BIRTH CERTIFICATE, SOCIAL SECURITY CARD, CERTIFICATE OF U.S. CITIZENSHIP OR VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE U.S.? ____ YES ____ NO			ARE YOU OVER 18 YEARS OF AGE? ____ YES ____ NO
DO YOU HAVE ANY COMMITMENTS TO ANOTHER EMPLOYER THAT MIGHT AFFECT YOUR EMPLOYMENT WITH US? ____ YES ____ NO IF YES, PLEASE EXPLAIN. WHEN ARE YOU AVAILABLE TO WORK (CHECK ALL THAT APPLY)? ____ MORNINGS ____ AFTERNOONS ____ EVENINGS			IF YOU ARE APPLYING FOR A POSITION INVOLVING EVENING OR WEEKEND WORK, CAN YOU FULFILL SUCH SCHEDULING REQUIREMENT? ____ YES ____ NO
LIST HONORARY / PROFESSIONAL SOCIETY MEMBERSHIPS AND JOB RELATED ORGANIZATIONS TO WHICH YOU CURRENTLY BELONG WHICH YOU CONSIDER RELEVANT TO YOUR ABILITY TO PERFORM THE JOB YOU ARE SEEKING. DO NOT INCLUDE ANY LABOR ORGANIZATIONS FOR ORGANIZATIONS THE NAME OR CHARACTER OF WHICH INDICATE RACE, CREED, COLOR, RELIGION, NATIONAL ORIGIN, SEX, MARITAL STATUS, DISABILITY OR AGE..			ARE YOU WILLING TO WORK OVERTIME IF REQUESTED? ____ YES ____ NO

LIFECENTER PLUS IS AN EQUAL OPPORTUNITY EMPLOYER. WE DO NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGION, COLOR, SEX, AGE, NATIONAL ORIGIN, MARITAL STATUS, PROTECTED VETERAN STATUS OR DISABILITY.

EDUCATION AND TRAINING

SCHOOL NAME AND LOCATION	COURSE OF STUDY	NO. OF YEARS COMPLETED (CIRCLE ONE)	DID YOU GRADUATE?	GRADE AVERAGE	DEGREE OR DIPLOMA
HIGH SCHOOL		1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO		
COLLEGE		1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO		
GRADUATE SCHOOL		1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO		
APPRENTICE, BUSINESS, TECHNICAL SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO		
OTHER			<input type="checkbox"/> YES <input type="checkbox"/> NO		
ARMED FORCES					

LIST ANY COURSES YOU HAVE COMPLETED WHICH WILL AID THE COMPANY IN EVALUATING YOUR QUALIFICATIONS FOR THE POSITION YOU ARE SEEKING.

COURSE	DATES ENROLLED IN COURSE	SCHOOL OR OTHER SPONSOR OF COURSE	DESCRIBE MAJOR CONTENT OF COURSE
	FROM TO		
	FROM TO		
	FROM TO		
	FROM TO		

INQUIRIES

MAY WE CONTACT YOUR PRESENT EMPLOYER? _____ YES _____ NO PREVIOUS EMPLOYER ? _____ YES _____ NO

PLEASE IDENTIFY ANY EXCEPTIONS AND REASONS FOR NOT CONTACTING EMPLOYER.

HAVE YOU EVER BEEN DISMISSED OR FORCED TO RESIGN FROM ANY EMPLOYMENT?

_____ YES _____ NO IF "YES," PLEASE EXPLAIN

PLEASE INCLUDE ANY OTHER INFORMATION YOU BELIEVE WOULD BE HELPFUL TO US IN CONSIDERING YOU FOR EMPLOYMENT, SUCH AS ADDITIONAL WORK EXPERIENCE, ARTICLES OR BOOKS PUBLISHED, ACTIVITIES, ACCOMPLISHMENTS, AWARDS, ETC. (PLEASE EXCLUDE ANY INFORMATION INDICATIVE OF AGE, SEX, RACE, RELIGION, COLOR CREED, NATIONAL ORIGIN, MARITAL STATUS OR DISABILITY).

EMPLOYMENT HISTORY

PLEASE LIST ALL EMPLOYMENT STARTING WITH PRESENT OR MOST RECENT EMPLOYER.
ACCOUNT FOR ALL PERIODS OF TIME, INCLUDING UNEMPLOYMENT AND SERVICE IN THE MILITARY.

DATES		EMPLOYER NAME, ADDRESS AND PHONE	1. JOB TITLE 2. DEPARTMENT 3. SUPERVISOR	DESCRIBE MAJOR DUTIES	WAGES STARTING FINAL	REASON FOR LEAVING
From			1		Starting \$ Per	
Month Year To			2			
Month Year			3		Final \$ Per	
From			1		Starting \$ Per	
Month Year To			2			
Month Year			3		Final \$ Per	
From			1		Starting \$ Per	
Month Year To			2			
Month Year			3		Final \$ Per	
From			1		Starting \$ Per	
Month Year To			2			
Month Year			3		Final \$ Per	
From			1		Starting \$ Per	
Month Year To			2			
Month Year			3		Final \$ Per	
From			1		Starting \$ Per	
Month Year To			2			
Month Year			3		Final \$ Per	

This application will be active for only 90 days from the date filed. After 90 days, if you still wish to be considered for employment, re-contact us.

REFERENCES (at least three - no relatives)

	NAME AND ADDRESS	OCCUPATION	TELEPHONE
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY SO THAT YOU ARE SURE YOU FULLY UNDERSTAND IT BEFORE SIGNING

"I authorize the Company to make any investigation of my personal or employment history and authorize and current or former employer, person, firm, corporation, school, credit agency, or government agency to give the Company any information they may have concerning me. In consideration of the Company's review of this application, I release the Company, its parent and subsidiaries, as well as all providers of information, from any liability as a result of furnishing and receiving this information.

I consent to taking a post-offer job-related medical examination and such job-related medical examination in the future as may be required by the Company. I hereby agree to submit to a pre-employment substance abuse test to test for illegal use of drugs as a condition of my employment, if so required. I further agree to submit to lawful substance abuse testing as a condition of my continued employment and understand that refusal to submit to such lawful testing during the course of my employment may result in disciplinary action up to and including discharge.

I recognize that if offered employment, I will be required to sign statements dealing with policies on Conflict of Interest, Confidential Information, Intellectual property, and Non-Competition, as well as an Invention Assignment Agreement, if pertinent.

Further, if I am employed by the Company, I agree to hold in strictest confidence, and not use or disclose to anyone, except as required by my duties as an employee, any confidential information of the Company or other information and data pertaining to activities and operations of the Company not marked available to the general public, either by the Company or with the Company's consent. I understand this obligation to keep information confidential and secret shall survive the termination of my employment and remain in effect for as long as I have knowledge or possession of information that remains confidential or secret. Upon termination of my employment, I will promptly deliver to the Company the original, and all copies of summaries, of all drawings, blueprints, manuals, letters notes, notebooks reports, files, computer and programming data and all other material of a secret or confidential nature relating to the Company's business, whether in human or machine-readable-only form, and which are in my possession or under my control.

I acknowledge that any offer of employment, if such is made, may be withdrawn, with or without cause, and with or without prior notice, at any time, at the option of the Company or myself. In the event I am employed by the Company, I understand my employment will be "at will." That is, my employment can be terminated, with or without cause, and with or without notice, at any time at the discretion of either the Company or myself. I understand that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, either prior to commencement of employment or after I have become employed, or to assure any benefits or terms and conditions of employment, or to make any agreement contrary to the foregoing. I further acknowledge that the Company reserves the right to terminate, suspend, withdraw, amend or modify all or any part of its employment practices or policies or its benefit plans.

I agree that the entire contents of this application form, as well as the reports of any examinations, may be used by the Company in any lawful manner. I hereby affirm that the information provided in this application (and accompanying resume, diploma and school transcripts, if any) is true and complete to the best of my knowledge. I also understand that falsified information or significant omissions may disqualify me from further consideration for employment and may result in my termination if discovered at a later date."

Applicant's Signature

Date