



**Professional Licensure/Certification:**

Type: \_\_\_\_\_ State of Issue \_\_\_\_\_ Ex. Date: \_\_\_\_\_ # \_\_\_\_\_

Some of our consumers/clients do not speak English. Do you speak, write, or understand any other language? \_\_\_\_\_ If yes, which language(s)? \_\_\_\_\_

Do you have any other experience, training, qualifications or skills which you feel make you especially suited to work for LIFECORE?  
 \_\_\_\_\_  
 \_\_\_\_\_

Military Service – Branch \_\_\_\_\_ Entry Date \_\_\_\_\_ Discharge Date \_\_\_\_\_ Rank at Discharge \_\_\_\_\_

**PREVIOUS EMPLOYMENT** (List below last four employers, starting with last/present one first).

Date: month and year	Name and Complete Address of Employer	Salary	Position	Reason for Leaving
From: _____ To: _____				
From: _____ To: _____				
From: _____ To: _____				
From: _____ To: _____				

Which of these jobs did you like best? \_\_\_\_\_

What did you like most about this job? \_\_\_\_\_

**REFERENCES:** List the names of three persons not related to you who have knowledge of your work performance within the last three (3) years

Name/Occupation	Address	Business/Phone	Years Acquainted

**In Case of an Emergency Notify:**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**ACKNOWLEDGEMENT:**

Please read carefully and sign below

I certify that all information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

I agree to conform to the company's rules, regulations, policies, and procedures. As this Agency adheres to a policy of **At-Will**, I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the agency's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the agency. I understand that no agency representative, other than the Executive Director, and then only when in writing and signed by the same, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

Date \_\_\_\_\_ Signature \_\_\_\_\_

LIFECORE Health Group does not discriminate on the basis of sex, race, religion, color, national origin, age or handicapping condition. LIFECORE Health Group is an equal opportunity employer.

**TO THE APPLICANT**

Applications are kept on file for six months. Based upon the needs of LIFECORE Health Group, the information you have provided will be compared with the educational, work experience, salary requirements and special skills requirements of that position to determine if we would like to arrange an interview. If so, we will call the telephone numbers listed on the front of this application. Applicants who best fit our need will be contacted. Thank you for your interest in employment with LIFECORE Health Group.

**PERMISSION FOR BACKGROUND CHECK**

**I give my permission for LIFECORE Health Group to conduct a background screening check to determine my suitability for employment/internship. This background check will include, if applicable:**

- \* **Convictions under the Vulnerable Adults Act**
- \* **Criminal Record**
- \* **Motor Vehicle Registry**
- \* **Child Abuse Central Registry**
- \* **Previous employers**
- \* **E-Verify**
- \* \_\_\_\_\_

**I understand that LIFECORE Health Group has the right to require this background check as a condition of employment/internship. I understand that this information will only be used for employment/internship purposes and will not be re-disseminated to other persons or used for any other purpose.**

**Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_**



**PERMISSION FOR DRUG AND ALCOHOL TESTING**

**I give my permission for LIFECORE Health Group to conduct drug and alcohol testing to determine my suitability for the transportation of clients. All drug and alcohol tests will be conducted according to strict privacy protections and safety/security procedures that are required by Federal law. There will be six different circumstances when employees will be tested for drugs and alcohol:**

- 1. Pre-employment**
- 2. Post-Accident**
- 3. Random**
- 4. Reasonable suspicion**
- 5. Return to duty/Follow-up**
- 6. Special alcohol rule**

**(For more detailed information regarding the Transportation Safety Policy, please refer to the Policy and Procedure Manual / Handbook).**

**Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_**