

LIFEGUIDE HEALTH SERVICES

(An Equal Opportunity Employer)

APPLICATION PACKET

PERSONAL INFORMATION

NAME _____ SS# _____ / _____ / _____ Birth Date: _____ / _____ / _____
(Last) (First)

ADDRESS _____
(Street) (City) (State) (Zip)

PHONE NUMBER () _____ MESSAGE(other)PHONE# () _____

Emergency Contact: _____ Phone# () _____

EMPLOYMENT INFORMATION

Position applied for? _____ Date Available? _____ Same Day Assignments ?Y__ N__

Do you have an automobile? _____ Are you on Bus Line? _____ Salary Required? _____

Have you ever been convicted of a felony? _____ If ,yes please explain? _____

EDUCATION HISTORY

Last grade completed (circle) High School: 6 7 8 9 10 11 12

Name of High School _____ Location _____

Last Year completed (circle) College or Trade School: 1 2 3 4

Name of College or Trade School _____ Location _____

Are there any experiences, special skills, or qualifications, which you feel qualify you to work for LIFEGUIDE HEALTH SERVICES?

REFERENCES

List three (3) personal and/or professional references:

Name _____ Relationship _____

Address _____ Phone () _____ Years Known _____

Name _____ Relationship _____

Address _____ Phone () _____ Years Known _____

Name _____ Relationship _____

Address _____ Phone () _____ Years Known _____

EMPLOYMENT HISTORY

List your last (5) employers starting with the present job. There may be period that you were not employed, please, explain.

Employer _____ Address: _____

Dates employed: Month: _____ / Year: _____ to Month: _____ / Year: _____

Please, explain any period you were not employed? ___/ ___ to ___/ ___ Reason? _____

Immediate Supervisor: _____ Company Phone # () _____

Job Title: _____ Duties / Responsibilities: _____

Final Wage: _____ Was Separation Voluntary or Involuntary? _____ Reason: _____

Employer _____ Address _____

Dates employed: Month: _____ / Year: _____ to Month: _____ / Year: _____

Please, explain any period you were not employed? ___/ ___ to ___/ ___ Reason? _____

Immediate Supervisor: _____ Company # () _____

Job Title: _____ Duties Responsibilities: _____

Final Wage: _____ Was Separation Voluntary or Involuntary? _____ Reason: _____

Employer _____ Address _____

Dates employed: Month: _____ / Year: _____ to Month: _____ / Year: _____

Please, explain any period you were not employed? ___/ ___ to ___/ ___ Reason? _____

Immediate Supervisor: _____ Company # () _____

Job Title: _____ Duties Responsibilities: _____

Final Wage: _____ Was Separation Voluntary or Involuntary? _____ Reason: _____

Employer _____ Address _____

Dates employed: Month: _____ / Year: _____ to Month: _____ / Year: _____

Please, explain any period you were not employed? ___/ ___ to ___/ ___ Reason? _____

Immediate Supervisor: _____ Company # () _____

Job Title: _____ Duties Responsibilities: _____

Final Wage _____ Was Separation Voluntary or Involuntary? _____ Reason: _____

As an applicant for employment with LIFEGUIDE HEALTH SERVICES, I understand the following:

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I understand that under conditional offer of employment I am required to submit to pre-employment drug and alcohol screening. The results of such testing may be grounds for withdrawing the offer or employment.

I must meet the employability requirements of Federal Immigration Law and submit appropriate documentation to satisfy the requirements for completing INS Form I-9.

If my application for employment is accepted, the effective date of my employment may be time I actually begin to work. If I accept the employment, I agree to comply with and be bound by the safety and health rules and regulations and rules of conduct of LIFEGUIDE HEALTH SERVICES altogether with obligations set forth in the Company policies.

All information (including information on any accompanying resume) is correct and will be subject to verification.

Will you authorize Lifeguide Health Services to contact each of your previous employer(s) and references? Yes ___ No ___
State which of your previous employers you do not want us to contact, give the reason why?

Employer: _____ Reason: _____

Signature _____ **Date** _____

DO NOT WRITE BELOW THIS LINE

Hire Date: _____

Position: _____

Will Report: _____

Wage: _____

() **Not Approved**

Comments: _____

() **Approved:**

Comments: _____

(Lifeguide Health Services Personnel)

(Administrator)