



## PREVIOUS EMPLOYMENT

In the following spaces give a complete record of your employment including periods of unemployment, if any. Begin with your most recent employment and work back. If additional space is needed, please continue on a separate sheet.

### HISTORY

#### MOST RECENT EMPLOYER

Date <i>Month and Year</i>	Print Name Number & Street, City, State and Zip Code	Salary	Last Title/Position
From			
To			

Immediate Supervisor's Name	Telephone Number	Other Positions Held
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Duties:

Reason for Leaving:

Date <i>Month and Year</i>	Print Name Number & Street, City, State and Zip Code	Salary	Last Title/Position
From			
To			

Immediate Supervisor's Name	Telephone Number	Other Positions Held
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Duties:

Reason for Leaving:

Date <i>Month and Year</i>	Print Name Number & Street, City, State and Zip Code	Salary	Last Title/Position
From			
To			

Immediate Supervisor's Name	Telephone Number	Other Positions Held
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Duties:

Reason for Leaving:

#### ADDITIONAL INQUIRIES CONCERNING PREVIOUS EMPLOYMENT

(In response to these inquiries, continue on a separate sheet if you require additional space).

1. May we contact your present employer?  Yes  No      Previous employers?  Yes  No

If you answered "no" to the above, please identify any exceptions and reasons for not contacting. \_\_\_\_\_

2. Have you ever been dismissed or forced or asked to resign from any employment?  Yes  No

If you answered "yes" to the above, please explain. \_\_\_\_\_

**ADDITIONAL INQUIRIES CONCERNING PREVIOUS EMPLOYMENT (continued)**

3. Except for vacations and holidays, how many work days were you absent this year?  
 0-5 days     5-10 days     10-15 days     15-20 days     21+ days
- During the previous calendar year?  
 0-5 days     5-10 days     10-15 days     15-20 days     21+ days

**MILITARY EXPERIENCE**

Have you ever served in the U.S. Armed Forces?     Yes     No

If you answered "yes" to the above, please describe any special job-related training received. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER SPECIAL SKILLS**

Are there other experiences, skills, or qualifications you feel would especially support your application for employment with eLifespaces?

\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES**

List three (3) individuals. DO NOT include relatives or former employers.

NAME	OCCUPATION	ADDRESS	PHONE NUMBER	HOW LONG KNOWN
_____	_____	_____	(____) _____	_____
_____	_____	_____	(____) _____	_____
_____	_____	_____	(____) _____	_____

**GENERAL INFORMATION**

1. Are you over 18 years of age?     Yes     No
2. Have you ever been convicted of a felony?     Yes     No  
*(An affirmative response will not automatically disqualify you from being considered as a candidate for employment).*

If you answered "yes" to the above, please explain. \_\_\_\_\_  
\_\_\_\_\_

3. If you are applying for a position involving evening or weekend work, can you fulfill such scheduling requirements?  
 Yes     No

4. Are you willing to work overtime as requested?     Yes     No

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## Applicant's Statement

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that any falsified information or omission may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize a thorough investigation of my past employment and activities, agree to cooperate in such investigation, and release from all liability or responsibility all persons or corporations requesting or supplying such information. I further authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the job for which I am being considered or any future job in the event that I am hired.

I hereby agree to submit to any lawful drug, polygraph or integrity testing that may be required as a condition of employment or continued employment and understand that refusal to submit to such testing during the course of my employment may result in disciplinary action, up to and including discharge.

I understand that in the event that I am offered employment with Lifespaces, Inc. (or any of its subsidiaries), that I may be required, as a condition of employment, to execute a covenant-not-to-compete and that by executing said covenant I will acknowledge that the terms of said covenant are reasonable and necessary for the protection of Lifespaces, Inc.'s legitimate business interest.

**IMPORTANT. I UNDERSTAND THAT MY EMPLOYMENT IS TERMINABLE-AT-WILL, THAT I AM NOT BEING EMPLOYED FOR ANY SPECIFIED TIME, AND THAT THIS APPLICATION IS NOT AND IS NOT INTENDED TO BE A CONTRACT FOR EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME.**

I understand that according to federal law all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and U.S. citizen status or, if aliens, their legal authorization to work in the U.S. As a consequence, I understand that any offer of employment would be contingent on my ability to produce the required documentation within the time period required by law.

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Signature of Applicant

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Date

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### (For Office Use Only)

Application taken by:

Date

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