



APPLICATION FOR EMPLOYMENT

LifeSpring Home Care and Affiliates does not discriminate in its hiring decisions or any other employment decisions on the basis of race, color, sex, age, religion, citizenship, natural origin, veteran status, or upon a physical or mental disability which is unrelated to the applicant's/employee's ability to perform the essential functions of the position. All information provided herein will be kept confidential. A pre-employment health screening is required prior to employment, which may include a DRUG SCREEN. In compliance with House Bill 2100 which requires all licensed facilities to offer only temporary employment to non-licensed new personnel, until a criminal arrest check can be completed by the State Bureau of Investigation. I, by signing this application give permission to perform the background check and realize employment is contingent upon results.

PERSONAL

Form with fields for Last Name, First, Middle, Date, Street Address, Home phone, City, State, Zip, Business Phone, Email Address, In case of an emergency notify, Phone #, Relationship.

Are You at Least 18 Years Old? [ ] Yes [ ] No Are you legally eligible for employment in the United States? [ ] Yes [ ] No
If you are not a U.S. Citizen, have you the legal right to remain permanently in the U.S.? [ ] Yes [ ] No

JOB INTEREST

Form with fields for Position Applied For, Date Available, Salary Desired, and a grid for availability for Full Time, Part Time, PRN, Days, Evenings, Nights, and Weekends.

## EMPLOYMENT HISTORY

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List the last 10 years of your employment history, starting with the most recent employer.

1. \_\_\_\_\_  
Company Name \_\_\_\_\_ Phone # \_\_\_\_\_  
\_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Name of Supervisor \_\_\_\_\_  
Job title and describe your work: \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

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2. \_\_\_\_\_  
Company Name \_\_\_\_\_ Phone # \_\_\_\_\_  
\_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Name of Supervisor \_\_\_\_\_  
Job title and describe your work: \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

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3. \_\_\_\_\_  
Company Name \_\_\_\_\_ Phone # \_\_\_\_\_  
\_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Name of Supervisor \_\_\_\_\_  
Job title and describe your work: \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

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4. \_\_\_\_\_  
Company Name \_\_\_\_\_ Phone # \_\_\_\_\_  
\_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address \_\_\_\_\_

\_\_\_\_\_  
Name of Supervisor

Job title and describe your work: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact your present employer?  Yes  No

Do you have reliable transportation if required?  Yes  No

## EDUCATION

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Name & Location of School	Years Attended	Did you Graduate	Major Course of Study
High School			
College			
Trade or Business			

## Professional Licenses/Certifications

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1. Name on professional license: \_\_\_\_\_ Type: \_\_\_\_\_ Number: \_\_\_\_\_  
State: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Expires On: \_\_\_\_\_

2. Name on professional license: \_\_\_\_\_ Type: \_\_\_\_\_ Number: \_\_\_\_\_  
State: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Expires On: \_\_\_\_\_

List any professional organizations of which you are a member (Omit any which indicate sex, race, religion, national origin or disability) \_\_\_\_\_

## Credentials/specialized skill & qualifications/equipment operated

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List special job-related skills and qualifications acquired from employment or other experience.

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

**Professional References**

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- 1. Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Email Address: \_\_\_\_\_
- 2. Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Email Address: \_\_\_\_\_
- 3. Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Health**

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If hired, would you be willing to take a physical exam or substance/drug test?  Yes  No

If no, explain \_\_\_\_\_

**General**

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Have you been convicted of a crime in the last 10 years, excluding misdemeanors and summary offenses, which have not been annulled, expunged or sealed by a court?  Yes  No

If yes, describe in full: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you capable of performing the job duties set forth in the job description?  Yes  No

**Please review carefully before signing:**

- I certify 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 authorize complete investigation of all statements contained herein and hereby give my full permission for LifeSpring and Affiliates to contact and fully discuss my background and history with all persons and entities listed, and give LifeSpring and Affiliates any and all information concerning my previous employment and any information they may have, and release all former employers and others listed above from all liability for any damage that may result from furnishing same to LifeSpring and Affiliates.
- I understand and agree that if hired, my employment is for no definite period and may, regardless of the date or payment of my wages and salary, be terminated at any time for any lawful reason, without prior notice and with or without cause.
- I agree to immediately notify LifeSpring and Affiliates if I am convicted of, receive deferred adjunction in, or otherwise plead guilty or no contest to a felony, or any other crime involving dishonesty or a breach of trust, while my application is pending or during my period of employment, if hired.
- I understand, if I am an unlicensed person who has face-to-face patient/client contact, that the agency will perform a criminal history check per State Regulations as well as a check of the Nurse Aide Registry and Employee Misconduct Registry. I understand that: 1) the purpose of the Employee Misconduct Registry is to ensure that unlicensed personnel who commit acts of abuse, neglect, exploitation, misappropriation, or misconduct against residents and consumers are denied employment in DADS-regulated facilities and agencies; 2) the State maintains a registry of all nurse aides who are certified to provide services in nursing facilities licensed by the Department of Aging and Disability Services (DADS) and they review and investigate allegations of abuse, neglect, or misappropriation, the nurse aide may request both an informal reconsideration and a formal hearing before the finding is placed on the registry; 3) All DADS-regulated facilities and agencies are required to check the Employee Misconduct Registry and Nurse Aide Registry before hire to determine if I am listed in either registry as having committed an act of abuse, neglect, exploitation, misappropriation, or misconduct against a resident or consumer and am, therefore, unemployable.

**Release:** I hereby authorize any prior employers to provide such information concerning my employment with them as may be requested, and also authorize the Registrar/Placement Office of all educational institutions attended to release an official copy of my transcript and, if available, faculty appraisals. I also authorize any appropriate licensing board to release full information concerning my license status and my license history.

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

**Date:** \_\_\_\_\_