



APPLICATION FOR EMPLOYMENT

4648 30th St., San Diego, CA 92116
PHONE (619) 460-5608 FAX (619) 460-5604

Life Works is an Equal Opportunity Employer
Please inform the hiring manager if you require reasonable
accommodation to complete the application or interview.

Please complete the entire application

| | | | | | |
|-----------------------|--------------|-------------------|--|----------------------------|-------------------------------|
| Last Name | | First Name | | Date of Application | Email Address |
| Street Address | | | | Social Security # | CA ID/ Driver License# |
| City | State | Zip | | Home Telephone # | Other Telephone # |

| | | |
|--------------------------------|--------------------------------------|-----------------------------|
| Means of Transportation | Current Car Insurance Company | Insurance Expiration |
|--------------------------------|--------------------------------------|-----------------------------|

Employment record – starting with the present or most recent, list all previous employers. Include self – employment and summary of part-time jobs. You may attach a resume, but complete this application also.

| | | |
|-------------------------------------|-------------------------|---|
| Employer Name | Type of Business | Job Title Full time () Part time() |
| Address | Phone # | Brief Description of Job Duties |
| City State Zip | Supervisor | |
| Reason for Leaving | Salary | Dates Worked From To |
| | | |
| Employer Name | Type of Business | Job Title Full time () Part time() |
| Address | Phone # | Brief Description of Job Duties |
| City State Zip | Supervisor | |
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| City State Zip | Supervisor | |
| Reason for Leaving | Salary | Dates Worked From To |

Educational History

| School Name | Location | Major Course or Subject | Dates Attended | | Graduated | Degree |
|-------------|----------|-------------------------|----------------|----|-----------|--------|
| | | | From | To | | |
| | | | | | | |
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Summarize your special skills or qualifications

| | | |
|--|--|---|
| | | |
| Describe experiences supporting people with disabilities | Years of Experience | CPR / First Aid Expiration Dates |
| Have you ever been fired from employment or asked to resign? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes- please describe: | Can you perform the job duties listed in position applied for without limitation <input type="checkbox"/> Yes <input type="checkbox"/> No If No - please explain | List Language Spoken: Written: |

| | | | |
|---|--|---|--|
| Criminal Background | | Employment Eligibility | |
| Have you ever been convicted of any criminal offence (Felony or Misdemeanor) <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Please explain | | Are you legally eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Professional / Work References

List two past employers and one non-related person who have knowledge of your qualifications for the positions for which you are applying.

| Name | Relationship | Phone# | Occupation |
|------|--------------|--------|------------|
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May we contact your present employer? Yes No

If no, Please explain

| | | |
|------------------------------------|--|--|
| Date available for work | Mornings <input type="checkbox"/> Yes <input type="checkbox"/> No | Afternoons <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Days <input type="checkbox"/> Yes <input type="checkbox"/> No | Weekends <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Evenings <input type="checkbox"/> Yes <input type="checkbox"/> No | On-call <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Total Hours willing to work | Overnights <input type="checkbox"/> Yes <input type="checkbox"/> No | Roommate <input type="checkbox"/> Yes <input type="checkbox"/> No |

I certify that my answers are true and complete to the best of my knowledge. I authorize Life Works to make such investigations and inquire of my personal, employment, educational, or medical history and other related matters as may be necessary for an employment decision. I hereby release employers, school or persons from all liability in responding to inquiries in connection with my application. I understand that filling out this form does not indicate there is a position open and does not obligate Life Works to hire. I understand that any employment is conditional on background checks. If hired, I agree to abide by all company work rules, policies and procedures. I understand that my employment is contingent on valid social security number, work permit number or green card number, verification of birth, and any other pertained information bearing upon my employment that my continued employment depends upon the will of the company or myself. At - Will Disclaimer: If employed by Life Works, I hereby agree that such employment is at will and may be terminated by Life Works at any time without advance notice and without liability to me for wages or salary. I further understand that any such termination may be for any reason or no reason at all.

Signature _____
 For Office Use: Reference Check

| Name | Date / Time | Outcome |
|------|-------------|---------|
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