



APPLICATION FOR EMPLOYMENT

2050 Hancock Street, San Diego, CA 92110
PHONE (619) 696-1401 FAX (619) 696-1402

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
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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
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Reason for Leaving	Salary	Dates Worked From To
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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		

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

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
Total Hours willing to work	Evenings <input type="checkbox"/> Yes <input type="checkbox"/> No	On-call <input type="checkbox"/> Yes <input type="checkbox"/> No
	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