



# Lifetime Living, Inc.

Application For Employment/Contract Services

**ALL POTENTIAL STAFF ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, AND GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS. APPLICANTS MUST BE 18 YEARS OF AGE OR OLDER.**

Position Sought: \_\_\_\_\_  
How did you learn about the position? \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_ Email \_\_\_\_\_  
Date of birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

On what date would you be available for work? \_\_\_\_\_ Desired Wage/Salary \$ \_\_\_\_\_  
Are you a U.S. citizen, or are you otherwise authorized to work in the U.S. without any restriction? [ ] Yes [ ] No  
Have you ever been convicted of a crime, plead guilty or no contest to a crime, or received deferred adjudication for any offense? If so, please explain. [A criminal conviction record must be verified before an offer for hire, may be made to an applicant.]? [ ] Yes [ ] No If yes, please describe circumstances: \_\_\_\_\_

Have you ever been involuntarily terminated or asked to resign from any position previously? [ ] Yes [ ] No  
If yes, please describe circumstances: \_\_\_\_\_

If selected for hire, are you willing to submit to a pre-hire drug screening test? [ ] Yes [ ] No

<b>EDUCATION</b>				
<u>School Name</u>	<u>City/State</u>	<u>Years Attended</u>	<u>Degree Received</u>	<u>Major/Minor</u>
<b>SPECIALIZED TRAINING</b>				
<u>Type</u>	<u>Yes, if so when?</u>		<u>No</u>	
CPR				
First Aid				
Medication Monitoring				
Aggressive Behavior/PMAB				
Dietary				
Special Needs				

Other training, certifications, or licenses held: \_\_\_\_\_

List other information pertinent to the position you are seeking: \_\_\_\_\_



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## JOB HISTORY

(Begin with most recent)

1. Company \_\_\_\_\_  
 Date Hired \_\_\_\_\_ Prior Position Held within Company (if any): \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
 Duties Performed \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

2. Company \_\_\_\_\_  
 Date Hired \_\_\_\_\_ Prior Position Held within Company (if any): \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
 Duties Performed \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

3. Company \_\_\_\_\_  
 Date Hired \_\_\_\_\_ Prior Position Held within Company (if any): \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
 Duties Performed \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

4. Company \_\_\_\_\_  
 Date Hired \_\_\_\_\_ Prior Position Held within Company (if any): \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
 Duties Performed \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

REFERENCES – Must list 3 Professional (Written reference required)		
Name	Company/Address	Contact Number

REFERENCES – Must list 3 Personal (No family)		
Name	Address	Contact Number



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### PERSON PROFILE

1. Describe any experiences you have had working with individuals with special needs. If you have not had any experiences (it is not a requirement), please explain your desire to do so.

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2. What is your philosophy regarding working with individuals with disabilities?

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3. What personal qualities and/or skills would you bring to the position you are applying for?

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4. The positions at Lifetime Living, Inc. include transferring (lifting up to 70 lbs.), strenuous activities, and long hours. Do you have any physical, psychological, or medical conditions that would limit your job performance for the position in which you are applying?

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5. What are some of your hobbies or interests?

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6. Is there anything else that you would like to add?

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### ACKNOWLEDGMENT

I understand that due to Texas State licensing requirements and Lifetime Living, Inc. company policy, all applicants for hire must:

- Undergo a criminal history check
- Be checked against the nurse's aide registry at the Texas Department of Human Services (DHS)
- Be checked against the employee misconduct registry at DHS
- Undergo an investigation of individual driving record by our company's insurance carrier

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for hire, as this may be necessary in arriving at a decision for acceptance for hire with Lifetime Living, Inc.

This application for hire shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for hire beyond this time period should inquire as to whether or not applications are still being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any work relationship with Lifetime Living, Inc. is of an "at will" nature, which means that the Staff Member may resign at any time and Lifetime Living, Inc. may discharge the Staff Member at any time with or without cause. It is further understood that this "at will" work relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of Lifetime Living, Inc.

### AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize Lifetime Living, Inc., its staff, agents, private investigators or any representative of the aforesaid company, to perform investigations into my background, past behavior, to my character and general reputation. In addition, I further authorize investigations of the following:

**Education:** I authorize schools, colleges and all scholastic institutions to release any and all information requested. This includes transcripts, grades, attendance records, and any other information requested.

**Work History:** I authorize all formal and current employers to release any and all information regarding my employment history. This includes all information contained in my personal file, salary, history, condemnations and all other pertinent information. I further authorize my supervisor and other work associates.

**Authorization to release:** I authorize custodians of the records of and agency, government agency, or company as described above to release such information upon request of any investigator, agent, or representative of Lifetime Living, Inc. I understand that any and all of these investigations or inquiries can be from prior employment.



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**Re-disclosure:** I understand that the information requested is for the use by Lifetime Living, Inc. and may be re-disclosed only as authorized by law. I understand that I have a right to request from Lifetime Living, Inc. a written disclosure of the nature and scope of the investigation conducted that I understand above.

**Indemnification:** I indemnify, release and hold harmless Lifetime Living, Inc., any agents of Lifetime Living, Inc., or others reporting to or for Lifetime Living, Inc., any investigators, all formal employers, reporting agencies, and all those supplying references and character references, from any and all claims, defamation, demands, and/or liabilities arising out of, or related to such investigations, disclosures, or admissions.

**Signature:** Copies and facsimile transmissions of this authorization that show my signature are as valid as the original release signed by me.

I hereby certify that the facts set forth are true and complete to the best of my knowledge. I understand that if hired, falsified statements on this form shall be considered sufficient cause for dismissal. If hired, I agree to abide by Lifetime Living, Inc. policies and procedures.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please submit completed application by mail, drop-off, email or fax:**

Lifetime Living, Inc.  
Attn: Human Resources  
4203 Gardendale, Suite107C  
San Antonio, Texas 78229

Tel: 210-614-4551  
Fax: 210-614-4745  
Email: info@lifetimelivinginc.com

**Office Use Only:**

Comments:

Hire Date: \_\_\_\_\_

Staff ID#: \_\_\_\_\_