

## LIFESPACES, INC. EMPLOYMENT APPLICATION

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, age, sex, religion, national origin, handicap, disability, or status as a Vietnamera or disabled veteran. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

*Note:* This application form was designed for use by persons applying for various types of positions. Please read this entire application before you answer any questions. Some questions may not be completely applicable to your situation, but we ask that you answer all job-related inquiries to the best of your ability. The application will remain active for a period of 30 days. Those applicants not employed within the 30-day period will need to reapply.

| PLEASE PRINT)  |                    |                                     |       |                                       |               | Date of Application: |        |                         |       |
|--|--------------------|-------------------------------------|-------|---------------------------------------|---------------|----------------------|--------|-------------------------|-------|
| Name:  |                    | Last                                |       | · · · · · · · · · · · · · · · · · · · | First         |                      | MI     |                         |       |
| Address:   |                    |                                     |       |                                       |               |                      |        |                         |       |
|  | 5                  | Street                              |       |                                       | City          |                      | State  | Zip Code                |       |
| Telephone:   | (Check whi         | (Check which one preferred)         |       | Home                                  | ()            |                      |        | _                       |       |
|  |                    |                                     |       | Business                              | ()            |                      |        | _                       |       |
|  |                    |                                     |       |                                       |               |                      |        |                         |       |
|  |                    |                                     |       |                                       |               |                      |        |                         |       |
| Р  | osition Desired:   |                                     |       |                                       |               |                      |        | Part-Time <b>D</b> Chec | k One |
|  | Data Available:    |                                     |       |                                       |               |                      |        | Full-Time □<br>Other □  |       |
|  | Date Available.    |                                     |       |                                       |               |                      |        |                         |       |
|  | Referral Source:   | Employment Agency<br>School/College |       |                                       | In Applicant  |                      |        | per Advertisement       |       |
|  |                    | School/ College                     |       | Етріс                                 | oyee Referral | L                    | Other: |                         |       |
| Have   | e you ever applied | for a position with us?             | □ Yes | No                                    | If "yes", w   | vhen?                |        |                         |       |
| Have you ever been employed by us?<br>Do you have a relative working here? |                    | ployed by us?                       | □ Yes | No                                    | If "yes", w   | vhen?                |        |                         |       |
|  |                    | □ Yes                               | No    | If "yes", s                           | tate ident    | tity & relationsh    | iip?   |                         |       |
|  |                    |                                     |       |                                       |               |                      |        |                         |       |
| Are  | you currently emp  | loyed?                              | □ Yes | No                                    |               |                      |        |                         |       |

| EDUCATIONAL DATA                             |  |                              |        |                          |  |  |  |
|--|--|------------------------------|--------|--------------------------|--|--|--|
| School                                       | Print Name, Number & Street, City, State and Zip Code<br>for each School Listing | Number of Years<br>Completed | Degree | Major Course<br>of Study |  |  |  |
|  |  |                              |        |                          |  |  |  |
| High School                                  |  |                              |        |                          |  |  |  |
| College                                      |  |                              |        |                          |  |  |  |
|  |  |                              |        |                          |  |  |  |
| Graduate School                              |  |                              |        |                          |  |  |  |
| Trade, Business,<br>Night, or Correspondence |  |                              |        |                          |  |  |  |
|  |  |                              |        |                          |  |  |  |
| Other  |  |                              |        |                          |  |  |  |
|  |  |                              |        |                          |  |  |  |

## **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                                |   |                                     |                          |                      |                        |  |  |  |
|--|---|-------------------------------------|--------------------------|----------------------|------------------------|--|--|--|
| MOSTRECENTEMPLOYER                     |   |                                     |                          |                      |                        |  |  |  |
| Date<br>Month and Year                 | Print Name<br>Number & Street, City, State and Zip Code |                                     |                          | Salary               | Last<br>Title/Position |  |  |  |
| From                                   |   |                                     |                          |                      |                        |  |  |  |
| То                                     |   |                                     |                          |                      |                        |  |  |  |
| Immediate Supervisor's Name            |   | Telephone Number                    | Oth                      | Other Positions Held |                        |  |  |  |
| Duties:                                |   |                                     |                          |                      |                        |  |  |  |
| Reason for Leaving:                    |   |                                     |                          |                      |                        |  |  |  |
|  |   |                                     |                          |                      |                        |  |  |  |
| Date<br>Month and Year                 | Print Name<br>Number & Street,                          | City, State and Zip Code            |                          | Salary               | Last<br>Title/Position |  |  |  |
| From                                   |   |                                     |                          |                      |                        |  |  |  |
| То                                     |   |                                     |                          |                      |                        |  |  |  |
| Immediate Supervisor's Name            |   | Telephone Number                    | ther Positions Held      |                      |                        |  |  |  |
| Duties:                                |   |                                     |                          |                      |                        |  |  |  |
| Reason for Leaving:                    |   |                                     |                          |                      |                        |  |  |  |
|  |   |                                     |                          |                      |                        |  |  |  |
| Date                                   | Print Name  | Oity Otata and Zin Oada             |                          | Colore               | Last                   |  |  |  |
| Month and Year<br>From                 | Number & Street,  | City, State and Zip Code            |                          | Salary               | Title/Position         |  |  |  |
| То                                     |   |                                     |                          |                      |                        |  |  |  |
|  |   | <b>-</b>                            |                          |                      |                        |  |  |  |
| Immediate Supervisor's Name            |   | Telephone Number                    | Oth                      | er Positions Held    |                        |  |  |  |
| Duties:                                |   |                                     |                          |                      |                        |  |  |  |
| Reason for Leaving:                    |   |                                     |                          |                      |                        |  |  |  |
|  |   |                                     |                          |                      |                        |  |  |  |
| ADDITIONAL INQUIRIES CONC              | ERNING PREVIOUS   | Employment                          |                          |                      |                        |  |  |  |
| (In response to these inquiries        | , continue on a sepa                                    | rate sheet if you require additiona | ll space).               |                      |                        |  |  |  |
| 1. May we contact you                  | ır present employer                                     | ? 🛛 Yes 🗖 No                        | Previous employers?      | 🛛 Yes 🗖 No           |                        |  |  |  |
| If you answered "no                    | o" to the above, plea                                   | ase identify any exceptions and rea | asons for not contacting |                      |                        |  |  |  |
| <ol> <li>Have you ever beer</li> </ol> | dismissed or forced                                     | d or asked to resign from any emp   | loyment?                 | 🗆 Yes 🗖 No           |                        |  |  |  |
| If you answered "ye                    | If you answered "yes" to the above, please explain.     |                                     |                          |                      |                        |  |  |  |
|  |   |                                     |                          |                      |                        |  |  |  |

| ADDITI    | ONAL INQUIRIES CONCE                            | RNING PREVIOU       | S EMPLOYME      | NT (continued)     |                           |                           |                |  |  |
|-----------|---|---------------------|-----------------|--------------------|---------------------------|---------------------------|----------------|--|--|
|           |   |                     |                 |                    |                           |                           |                |  |  |
| 3.        | Except for vacations a                          | -                   | -               |                    | -                         |                           |                |  |  |
|           | □ 0-5 days                                      | <b>□</b> 5-10       | days            | □ 10-15 days       | □ 15-20 days              | □ 21+ days                |                |  |  |
|           | During the previous of                          | calendar year?      |                 |                    |                           |                           |                |  |  |
|           | □ 0-5 days                                      | <b>□</b> 5-10       | days            | □ 10-15 days       | □ 15-20 days              | □ 21+ days                |                |  |  |
| MILIT     | ARY EXPERIENCE                                  |                     |                 |                    |                           |                           |                |  |  |
| Have y    | ou ever served in the U.S                       | 5. Armed Forces     | ?               | □ Yes □ No         | )                         |                           |                |  |  |
| If you a  | inswered "yes" to the ab                        | ove, please desc    | ribe any spec   | ial job-related ti | aining received.          |                           |                |  |  |
|           |   |                     |                 |                    |                           |                           |                |  |  |
|           |   |                     |                 |                    |                           |                           |                |  |  |
|           |   |                     |                 |                    |                           |                           |                |  |  |
| Отне      | R SPECIAL SKILL                                 | S                   |                 |                    |                           |                           |                |  |  |
| Are the   | re other experiences ski                        | lls or qualificati  | ons vou feel    | would especially   | y support your applica    | ation for employment with | n eLifespaces? |  |  |
| ine uie   | re outer experiences, ou                        | no, or quanneau     | Jour Jour Joer  | inound copecial.   | , support your upprice    |                           |                |  |  |
|           |   |                     |                 |                    |                           |                           |                |  |  |
|           |   |                     |                 |                    |                           |                           |                |  |  |
| Refe      | RENCES  |                     |                 |                    |                           |                           |                |  |  |
| List thre | ee (3) individuals. DO NC                       | OT include relative | es or former en | ıployers.          |                           |                           |                |  |  |
| NAME      | C   | OCCUPATION          | ADDRESS         |                    |                           | PHONE NUMBER              | HOW LONG KNOWN |  |  |
|           |   |                     |                 |                    |                           | _ ()                      |                |  |  |
|           |   |                     |                 |                    |                           | _ ()                      |                |  |  |
|           |   |                     |                 |                    |                           | _ ()                      |                |  |  |
|           |   |                     |                 |                    |                           |                           |                |  |  |
| 0         |   |                     |                 |                    |                           |                           |                |  |  |
| GENE      | eral Informatio                                 | N                   |                 |                    |                           |                           |                |  |  |
| 1.        | Are you over 18 years                           | s of age?           | □ Ye            | es 🗖 No            |                           |                           |                |  |  |
| 2.        | Have you ever been o<br>(An affirmative respons |                     | of a felony?    |                    |                           |                           |                |  |  |
|           | If you answered "yes                            | " to the above, p   | olease explain  | l                  |                           |                           |                |  |  |
| 3.        | If you are applying fo                          | or a position invo  | olving evenin   | ig or weekend w    | vork, can you fulfill suc | ch scheduling requiremen  | .ts?           |  |  |
|           | Yes   | No                  |                 |                    |                           |                           |                |  |  |
| 4.        | Are you willing to we                           | ork overtime as     | requested?      | □ Ye               | s 🗖 No                    |                           |                |  |  |

## 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.

Signature of Applicant

Date

(For Office Use Only)

Application taken by:

Date