

**LIFE, INC.**  
Application for Employment

**PERSONAL**

Last Name	First	Middle				Date
Street Address					Home Phone	
City, State, Zip					Business Phone	
Have you ever applied for employed with us?					Social Security Number	
Yes		No		If yes: Month & Year:		Location:
Position Desired					Pay Expected	
Are you legally eligible for employment in the United States?					When will you be available to begin work?	
Other special training or skills (sign language, CPR, etc.)					Are you under 18 years of age: Yes      No Employment is subject to verification of minimum legal age	
How did you learn of our organization?						
<i>Please list all previous out of state addresses &amp; dates where you have resided within the past 10 years.</i>						
Street Address		City	State	Zip	Dates:	
Street Address		City	State	Zip	Dates:	
Is there any information we would need about your name, or use of another name, for us to be able to check your work record?      Yes      No						
Please Specify:						

**EDUCATION:**

School	Name & Location of School (Most Recent Only)	Course of Study	# of Years Completed	Did you graduate?	Degree Diploma
College					
High					
Other					
Other					

**MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS:**

(Exclude those which may disclose your race, color, religion, or national origin)


**EMPLOYMENT HISTORY:**

We will be contacting employers listed, therefore please give accurate complete, full-time and part-time employment record. Start with the most recent.

Company Name	Telephone
Address	Employed (Month & Year) From _____ To _____
Name of Supervisor	Weekly Pay Start _____ Last _____
State Job Title & Describe Your Work	Reason for Leaving

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**PERSONAL REFERENCES:**

Do not include family members or past supervisors.

Name	Phone Number	Best Time to Call	Occupation

**REFERENCES:**List 2 references familiar with your recent work whom we may contact (not already listed above)

Name & Position Title:	Company Name & Phone Number
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State names of any relatives and/or friends working for us.		
Are you interested in full or part-time?	How many hours per week?	Shift Preference-1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup>
<input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been terminated from a position? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there any additional past or present employment not listed on this application?		
<input type="checkbox"/> Yes <input type="checkbox"/> No Would you be available to consider applying for a subbing position? (Subs are staff who may or may not have scheduled hours, who work on an on-call basis). Obviously, people who are employed in this capacity have directly related employment experience that can be taken into account should they later apply for a regular full or part-time position with us.		
<input type="checkbox"/> Yes <input type="checkbox"/> No Have you been convicted of a crime, excluding misdemeanors and summary offences, which has not been annulled, expunged, or sealed by a court? If yes, describe in full on reverse.		
<input type="checkbox"/> Yes <input type="checkbox"/> No Are you able to attend monthly training meetings?		
Do you have a current driver's license?	If yes, what state?	Do you have a good driving record?
List any motor vehicle violations you have incurred within the past two years:		

Essential job functions for the direct support staff position applied for include (but are not limited to) the following: driving, food preparation, heavy lifting, behavioral intervention procedures, administration of first aid, and hand over hand instruction/assistance. As far as you know, would you be able to perform all of the identified essential job functions with or without reasonable accommodations?

Yes  No

***I hereby declare the information provided by me in this Application for Employment is true, correct, and complete to the best of my knowledge. I understand that if employed, any misstatement or omission of fact on this application shall be considered grounds for dismissal. I understand that, if hired, I am an employee-at-will. This means that my employment can be terminated at any time, with or without notice or cause for any reason. The above named organization with whom I have applied for employment does not utilize employment contracts in any form. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. Should any information on this application change, you will need to notify the agency's Human Resources Department. I understand and agree that this agency will complete a criminal conviction and driving record check as part of the selection process for employment and all employment offers will be contingent upon the results of this background investigation.***

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

LIFE, Inc.  
Applicant Questionnaire

1. While working with people with disabilities, it may be necessary for you to assist both males and females with showering, dressing, etc. Do you feel you would be comfortable with this aspect of the job?


2. Given an example of how you responded to criticism that is offered by peers or supervisors?


3. What are you seeking in a new job that you're not getting in your present or recent job?


4. We have programs in various locations. Please check those area clusters that you would be most interested in working:

\_\_\_ Tiverton/Little Compton/Middletown

\_\_\_ Warren/Bristol

\_\_\_ East Providence/Barrington

\_\_\_ Cranston/Coventry

5. Give an example of a stressful event that you dealt with and how you went about handling that situation?


6. How do you feel you would benefit the people we support?


7. How would you handle a confrontational employee or client?


8. What do you think is the most important personality trait to possess when working with people who have disabilities? Why do you feel this is so important?


9. What three words best describe you.


LIFE, Inc.  
Employment Application Addendum

I hereby give my authorization to Philadelphia Indemnity Insurance Company to release a copy of my motor vehicle report to Mastors & Servant, LTD, and my potential employer, LIFE, Inc.

Name: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State of Issue: \_\_\_\_\_

1. How long have you been a licensed driver? \_\_\_\_\_

2. Within the last 3 years, have you had any traffic violations or accidents?:  
\_\_\_ Yes \_\_\_ No If yes, please explain.


3. Have you ever had your license suspended or revoked?:  
\_\_\_ Yes \_\_\_ No If yes, please explain.


4. Have you ever been convicted of:

A. Driving under the influence of drugs or alcohol?	___ Yes	___ No
B. Leaving the scene of an accident?	___ Yes	___ No
C. Reckless driving?	___ Yes	___ No

If yes, please explain.


***The undersigned understands and agrees that a condition of employment is a clean driving record and a valid driver's license. Failure to maintain either a clean driving record, a valid driver's license and/or an acceptable criminal background check may result in the employee's reassignment or dismissal.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**FOR HR USE ONLY**

Type of vehicle to be driven:  
Own vehicle \_\_\_\_\_  
Company vehicle \_\_\_\_\_ # of passengers \_\_\_\_\_  
Both \_\_\_\_\_

% of time applicant may drive company vehicle:  
Less than 25% \_\_\_\_\_  
Less than 50% \_\_\_\_\_  
More than 50% \_\_\_\_\_