

LIFE ALLIANCE, LLC

Wilkes Office
 967 Sparta Road
 North Wilkesboro, NC 28659
 Business: 336-838-5229
 Fax: 336-838-5449

Surry Office
 715A S. Main St/P.O. Box 365
 Dobson, NC 27017
 Business: 336-386-4944
 Fax: 336-386-4946

Iredell Office
 924 Davie Avenue
 Statesville, NC 28677
 Business: 704-872-8335
 Fax: 704-872-4264

Catawba Office
 1075 13th Street SE
 Hickory, NC 28602
 Business: 828-855-9797
 Fax: 828-855-9795

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

Employment Application Form

Mail completed application to one of the above addresses

PLEASE COMPLETE PAGES 1-5 DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

How long _____ Social Security No. _____ - _____ - _____

Telephone () _____ Alternate Phone () _____

Email address: _____

If under 18, please list age _____

Position applied for (1) _____ Days/hours available to work (Be specific)
 and salary desired (2) _____
 (Be specific) No Pref _____ Thur _____
Mon _____ Fri _____
Tue _____ Sat _____
Wed _____ Sun _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When available for work? _____

Current email address where you may be reached: _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME (either Misdemeanor or Felony)? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

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APPLICATION FOR EMPLOYMENT

DO YOU HAVE A CURRENT AND VALID DRIVER'S LICENSE? Yes No

What is your means of transportation to work (i.e. your own vehicle, a borrowed vehicle, carpool)? _____

Driver's license

number _____ State of issue _____ Operator Commercial (CDL) Chauffeur
Expiration date _____

Have you had any accidents during the past five years? How many? _____

Have you had any moving violations during the past five years? How Many? _____

OFFICE ONLY

Typing Yes No _____ WPM 10-key Yes No Word Processing Yes No _____ WPM
Personal Computer Yes No PC Mac Other _____ Skills _____
Bilingual Yes No

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
Telephone (____) _____	Telephone (____) _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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	Your last job title		
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List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

May we contact your present employer? Yes No

Did you complete this application yourself? Yes No

If not, who did? _____

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Life Alliance, LLC (hereinafter called "the Company"), I agree and understand that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Life Alliance, LLC or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the owner of the Company. Both the undersigned and Life Alliance, LLC may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references including reasons for terminations of past employment, position held and experience gained, and others, and hereby release the Company from any liability as a result of such contact. I understand and agree that, as directed by company policy and consistent with the job described, Life Alliance may be using my personal information to request information from public and private sources about my worker's compensation injuries, current/past driving record, court record and criminal history report, education, credentials, credit, references, health care registry, HHSOIG, and status in compliance with Federal and state laws.

I also understand and agree to (1) the Company has a drug and alcohol policy/tuberculosis that may request pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act

I understand that information I may obtain, either written, verbal or face to face contact, is considered medical information and is protected under the HIPAA act, is strictly confidential and may not be shared with any other person. Failure to adhere to this law will result in immediate termination and possible legal action.

I further understand that I will receive a post offer medical questionnaire and must complete it with accurate and true information. Failure to agree to complete the questionnaire will result in a rescinding of employment offer. The post offer medical questionnaire will be shared with our workers compensation carrier in cases of injury. I understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant _____ **Date:** _____

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

Thank you for completing this application and your interest in working with Life Alliance LLC