



RETURN TO:
 HR Department
 1150 Panama Street South.
 Montgomery, AL 36107
 Fax # 334-262-2538
 Email:
 howens@lifestar-response.net

**AN EQUAL OPPORTUNITY EMPLOYER
 EMPLOYMENT APPLICATION**

ENTER SOCIAL SECURITY NUMBER BELOW.

| | | | | | | | | | |
|--|--|--|---|--|--|---|--|--|--|
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|--------------------------------------|--------------------|
| POSITION APPLIED FOR: | LOCATION: |
| Full Name _____ | |
| First | Middle |
| Last | |
| Address _____ | |
| House or Apartment Number | Street |
| City | State |
| County | Zip Code |
| Telephone Number: Home (_____) _____ | Work (_____) _____ |
| Area Code | Area Code |
| Cell Number: (_____) _____ | |

| | | | |
|--|---|--|--|
| EDUCATION: | CIRCLE OR BRACKET THE HIGHEST GRADE OF SCHOOL COMPLETED. | | |
| High School Diploma or GED? () Yes () No | 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4 | | |

| PROVIDE INFORMATION ON ALL SCHOOLS ATTENDED. | | | | | | | | |
|--|---------------------|-------|--------------|-------|-------------------|-------|-------------------------|-------|
| Name and Location of School | Dates of Attendance | | Credit Hours | | Did You Graduate? | | Type of Degree and Date | Major |
| | Month/Year | From | To | Sem. | Qtr. | Yes | | |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

| PROFESSIONAL LICENSE OR CERTIFICATE | | | | |
|-------------------------------------|-----------------------|-------------------------|------------|------------|
| License/Certificate Issued By | License/Certification | License/Certificate No. | Issue Date | Expiration |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

LIST COURSES WHICH ARE PARTICULARLY RELATED TO THE POSITION (attach additional sheets, if needed).

List three reliable persons, not relatives or present employer, who know you well enough to give information about you.

| NAME | ADDRESS AND PHONE NUMBER | EMPLOYER |
|------|--------------------------|----------|
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SOCIAL SECURITY NUMBER : _____ - _____ - _____

If hired, can you provide the documents required to prove that you are authorized to work in the US? () **Yes** () **No**

Have you ever been involuntarily terminated, discharged, forced or asked to resign from any job? () **Yes** () **No**

If you answered **Yes** to the above question, attach an explanation on a separate sheet noting any mitigating or extenuating circumstances.

Have you ever been convicted of a misdemeanor or felony crime? () **Yes** () **No**

If you answered **Yes** to the above question, list in the space below all prior misdemeanor and felony convictions and any extenuating or mitigating circumstances regarding such convictions. If necessary, you may use a separate sheet or sheets and attach to application.

NOTE: A CRIMINAL CONVICTION WILL NOT NECESSARILY BE A BAR TO CONSIDERATION FOR EMPLOYMENT. THE DISCLOSURE OF A MISDEMEANOR CONVICTION WILL NOT AUTOMATICALLY RESULT IN DISQUALIFICATION. CRIMINAL BACKGROUND CHECKS WILL BE CONDUCTED. FAILURE TO DISCLOSE A CONVICTION MAY BE CONSIDERED AS GROUNDS FOR DISQUALIFICATION. FOR THESE REASONS, APPLICANTS SHOULD BE CAREFUL TO DISCLOSE ALL CRIMINAL CONVICTIONS.

WORK HISTORY

THIS SECTION MUST BE COMPLETED REGARDLESS OF WHETHER OR NOT A RESUME' IS ATTACHED.

Begin with your PRESENT or most recent employment. List in REVERSE ORDER periods of employment. **Each time you changed jobs or your title changed should be listed as a separate period.** Describe in detail your duties. (Attach additional sheets if needed.)

| | | | | | | | | |
|---|------|-------------|------|-----------------|-----------------------------|--|-------------------------------------|--|
| 1. Current or Last Employer | | | | | Your Official Job Title | | | |
| Address | | | | | Type of Business | | | |
| FROM Month | Year | TO Month | Year | Total Months | Number of Hours Per Week | Beginning Salary \$ _____ Per _____ | Ending Salary \$ _____ Per _____ | May we contact your employer? () Yes () No |
| Number/Title of Employees You Supervised On a Continuing Basis | | | | | Equipment You Operated | | | |
| Name, Title and Telephone Number of Supervisor | | | | | Reason for Leaving | | | |
| Describe Your Duties in Detail | | | | | | | | |
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|---|------|-------------|------|-----------------|-----------------------------|--|-------------------------------------|--|
| 2. Employer | | | | | Your Official Job Title | | | |
| Address | | | | | Type of Business | | | |
| FROM Month | Year | TO Month | Year | Total Months | Number of Hours Per Week | Beginning Salary \$ _____ Per _____ | Ending Salary \$ _____ Per _____ | May we contact your employer? () Yes () No |
| Number/Title of Employees You Supervised On a Continuing Basis | | | | | Equipment You Operated | | | |
| Name, Title and Telephone Number of Supervisor | | | | | Reason for Leaving | | | |
| Describe Your Duties in Detail | | | | | | | | |
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SOCIAL SECURITY NUMBER : _____ - _____ - _____

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|---|------|-------------|------|-----------------|-----------------------------|----------------------------|-------------------------|--|
| 3. Employer | | | | | Your Official Job Title | | | |
| Address | | | | | Type of Business | | | |
| FROM Month | Year | TO Month | Year | Total Months | Number of Hours Per Week | Beginning Salary \$ Per | Ending Salary \$ Per | May we contact your employer? () Yes () No |
| Number/Title of Employees You Supervised On a Continuing Basis | | | | | Equipment You Operated | | | |
| Name, Title and Telephone Number of Supervisor | | | | | Reason for Leaving | | | |
| Describe Your Duties in Detail | | | | | | | | |
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|---|------|-------------|------|-----------------|-----------------------------|----------------------------|-------------------------|--|
| 4. Employer | | | | | Your Official Job Title | | | |
| Address | | | | | Type of Business | | | |
| FROM Month | Year | TO Month | Year | Total Months | Number of Hours Per Week | Beginning Salary \$ Per | Ending Salary \$ Per | May we contact your employer? () Yes () No |
| Number/Title of Employees You Supervised On a Continuing Basis | | | | | Equipment You Operated | | | |
| Name, Title and Telephone Number of Supervisor | | | | | Reason for Leaving | | | |
| Describe Your Duties in Detail | | | | | | | | |
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5. USING THE ABOVE FORMAT, SHOW OTHER EXPERIENCE BY USING ADDITIONAL SHEETS.

CERTIFICATION STATEMENT

I understand that the employer follows an employment-at-will policy, in that I or the employer may terminate my employment any time, or for any reason consistent with applicable state or federal law. I understand that this application is not a contract of employment. I understand that to be employed I must be lawfully authorized to work in the United States, and I must show the employer documents that will prove this if I am offered the job.

I understand that the company will thoroughly investigate my work and personal history and verify all data given on the application, on related papers, and in interviews. I authorize all individuals, schools and firms named within to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Signature _____ Date _____

APPLICATIONS WILL BE CONSIDERED FOR 90 DAYS FROM DATE OF SIGNATURE AFTER 90 DAYS YOU MUST REAPPLY TO BE CONSIDERED.