



# APPLICATION FOR EMPLOYMENT

Lifestyle Support Services, Inc. is an equal opportunity employer – employment decisions are based upon qualifications and without regard to race, color, religion, sex, age, national origin, disability, genetic information, military status, or any other status protected by federal, state, or local law.

<b>POSITION(S) APPLIED FOR</b>	<b>DATE OF APPLICATION</b>
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<b>LAST NAME</b>	<b>FIRST NAME</b>	
<b>ADDRESS</b>	<b>CITY</b>	<b>STATE/ZIP</b>
<b>HOME TELEPHONE:</b>		
<b>OTHER TELEPHONE NUMBER:</b>		

**HOW DID YOU LEARN ABOUT US?**

Advertisement    
  Employment Agency    
  Friend    
  Relative    
  Walk-In  
 Other: \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS**

<p><b>Are you age 18 or older?</b>    <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p><b>On what date will you be available to begin work?</b></p> <p><b>Have you ever filed an application with us before?</b>    <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p>If YES, please list date: _____</p>	<p><b>Are you legally eligible for employment in the US?</b>    <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p><b>Have you lived outside of Pennsylvania at anytime during the last twenty-four months?</b>    <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p>If YES, you will be required to submit an FBI Clearance.</p>
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**What hours/days of the week are you available to work?**     Check Here If Available All Hours/Days

	SUN	MON	TUES	WED	THURS	FRI	SAT
FROM							
TO							

**Have you been convicted of a crime (excluding misdemeanors and summary offenses) that has not been annulled, expunged, or sealed by a court?**     YES     NO    *(Conviction will not necessarily disqualify an applicant from employment.)*

If yes, please explain: \_\_\_\_\_

**EDUCATION**

**Do you have a high school diploma or GED?**     YES     NO

SCHOOL	NAME/LOCATION	COURSE OF STUDY	# Years Completed	Did you Graduate?	Degree or Diploma?
Business/Trade/Technical				YES NO	
College				YES NO	
Graduate				YES NO	

**SPECIAL SKILLS/QUALIFICATION**

Summarize special job-related skills, language, training, or qualifications from employment, military service, or other experience.

## EMPLOYMENT QUESTIONNAIRE

Do you have a valid PA driver's license?  YES  NO

Have you had a physical done within the last 12 months?  YES  NO

Have you had a criminal clearance submitted within the last 12 months?  YES  NO

Have you had a child abuse clearance submitted within the last 12 months?  YES  NO

Have you had any moving violations or accidents in the past 5 years?  YES  NO

If yes, please specify.

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Why are you interested in this type of work?

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Describe your experiences with people that are mentally and physically challenged.

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**EMPLOYMENT EXPERIENCE**

Please list your employment experience starting with your present or last job. Include any job related or military service assignments and volunteer activities.

<b>EMPLOYER #1</b>		<b>Company Name:</b>	
<b>Address</b>		<b>Telephone Number</b>	
		(            )	
<b>Name of Supervisor</b>		We may contact this employer listed unless you initial here to indicate you do not want us to contact this employer.	
<b>Employed FROM</b>	<b>Employed TO</b>	<b>Weekly Pay START</b>	<b>LAST</b>
<b>Job Title/Describe Your Work</b>		<b>Reason for Leaving</b>	

<b>EMPLOYER #2</b>		<b>Company Name:</b>	
<b>Address</b>		<b>Telephone Number</b>	
		(            )	
<b>Name of Supervisor</b>		We may contact this employer listed unless you initial here to indicate you do not want us to contact this employer.	
<b>Employed FROM</b>	<b>Employed TO</b>	<b>Weekly Pay START</b>	<b>LAST</b>
<b>Job Title/Describe Your Work</b>		<b>Reason for Leaving</b>	

<b>EMPLOYER #3</b>		<b>Company Name:</b>	
<b>Address</b>		<b>Telephone Number</b>	
		(            )	
<b>Name of Supervisor</b>		We may contact this employer listed unless you initial here to indicate you do not want us to contact this employer.	
<b>Employed FROM</b>	<b>Employed TO</b>	<b>Weekly Pay START</b>	<b>LAST</b>
<b>Job Title/Describe Your Work</b>		<b>Reason for Leaving</b>	



<b>REFERENCES</b>		
<b>NAME</b>	<b>TELEPHONE NUMBER</b>	<b>RELATIONSHIP</b>
1.		
2.		
3.		

<b>RELATIVES/FRIENDS</b>		
Please list names of relatives and friends currently working with Lifestyle Support Services, Inc.		
<b>NAME</b>	<b>TELEPHONE NUMBER</b>	<b>RELATIONSHIP</b>
1.		
2.		
3.		

**IMPORTANT! PLEASE READ AND SIGN BELOW**

I hereby certify that the information provided by me in this application is true, correct, and complete. I understand that I may be refused employment or terminated from employment due to my falsification or my failure to provide complete information. I authorize the investigation of all statements contained in this Application for Employment as may be necessary in arriving at an employment decision and release Lifestyle Support Services, Inc. from any and all liability associated with such an investigation. I authorize the companies, schools, and persons named herein to release any employment and background information they have regarding me, whether or not it is in their records, and hereby release said companies, schools, and persons from all liability for releasing such information.

I understand that Lifestyle Support Services, Inc. has an obligation to all its employees, customers, and the public at large to ensure safety in the workplace, on company premises, and in the delivery of its services. Therefore, I hereby consent to post-offer, pre-employment screening. I understand that successful completion of the post-offer, pre-employment screening is required, including the submission of applicable criminal history and child abuse clearances. I understand that to be minimally eligible for employment I must be over the age of 18, possess a high school diploma/GED, and have a valid PA driver's license.

I understand that if I am employed by Lifestyle Support Services, Inc., I am not guaranteed employment for any specified period of time and that my employment may be terminated by Lifestyle Support Services, Inc. or myself at any time, for any reason, with or without notice. I understand that Lifestyle Support Services, Inc. does not offer any contract or guarantees of employment, express, implied or otherwise and therefore, any such perceived agreement would be null and void unless recorded in writing and signed by myself and the President of Lifestyle Support Services, Inc. I also understand that completion of this application, which will remain in effect for ninety days, does not indicate positions are open or obligate Lifestyle Support Services, Inc. in any way.

\_\_\_\_\_  
**APPLICANT SIGNATURE**

\_\_\_\_\_  
**DATE**

**THANK YOU FOR APPLYING FOR EMPLOYMENT WITH LIFESTYLE SUPPORT SERVICES!**

