



1261 SOUTH MAIN STREET PLANTSVILLE, CT 06479

**APPLICATION FOR EMPLOYMENT**

Except where required or permitted by law, employment practices will not be influenced or affected by an applicant's or staff member's race, color, religion, sex, sexual orientation, marital status, gender identity or expression, national origin, age, genetic information, disability or any other characteristic protected by law.

This policy governs all aspects of employment, including selection, job assignment, compensation, discipline, termination and access to benefits and training.

APPLICANT INFORMATION					
Last Name		First		M.I.	
Street Address			Apartment/Unit #		
City		State		ZIP	
Phone Numbers		E-mail Address			
Date Available To Start		Desired Salary			
Position Applying for		Referred by _____			
Hours Available	Full-Time _____ Part-Time _____		Shifts Preferred	Days _____ Evenings _____	
	Per Diem _____			Weekends _____ Nights _____	
If you are hired, you must furnish proof that you are legally authorized to work in the United States. Will you be able to do so?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for LiveWell? (formerly Alzheimer's Resource Center)		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	

**EDUCATION**

School	Name and Address		Circle Highest Level Completed
High School			9   10   11   12
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College			1   2   3   4
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Trade/Business/Other			
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Licensure:	Number:		State:
	Expiration Date:		

**PREVIOUS EMPLOYMENT**

STARTING WITH THE MOST RECENT POSITION, STATE YOUR LAST THREE EMPLOYMENT EXPERIENCES. PLEASE COMPLETE EVEN IF APPLICATION IS ACCOMPANIED BY A RESUME

Company		Phone
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?   YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company		Phone
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?   YES <input type="checkbox"/> NO <input type="checkbox"/>		

Company		Phone
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>		

## **APPLICANT'S STATEMENT**

### **Please read before signing.**

I understand that neither this application nor any communication by a management representative is intended to create or creates a contract of employment. I hereby authorize LiveWell to investigate my record with my former employers and release LiveWell, my former employers and others providing information from all liability whatsoever resulting from the disclosure of such information.

I understand that LiveWell may choose to obtain background information about me from a consumer reporting agency. Before requesting a report from a consumer reporting agency, the Company will ask for my authorization. I understand that if I refuse to provide such authorization, my application for employment will not be considered.

By signing this application, I understand that if employed by LiveWell, my employment with LiveWell may be terminated at any time at the option of either the Company or myself with or without cause or notice.

The above information, and any information provided with this application including any resume or attachments, is complete and true to the best of my knowledge. I understand that the discovery of any false, omitted or misleading information in this application or during the application process may result in my application no longer being considered or if hired, immediate dismissal.

Signature	Date
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