



LifeQuest

When Caring Is A Matter Of Trust.

2460 John Fries Highway
Quakertown, PA 18951
www.lq.org

Application for Employment

- LQ Corporate
- Mosser Nursing Home
- LifeSpan Day Care
- LQ Nursing Center
- LifeSpan Senior Support Services
- Other

AN EQUAL OPPORTUNITY EMPLOYER

Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

PLEASE PRINT ALL INFORMATION

Position(s) applied for _____ Date of application ____/____/____

Name _____

LAST

FIRST

MIDDLE

Address _____

STREET

CITY

STATE

ZIP CODE

Telephone # () _____ Email Address _____

Mobile/Beeper/Other Phone # () _____ Social Security # _____

If you are under 18, and it is required, can you furnish a work permit?..... Yes No

If no, please explain _____

Have you ever worked at any LifeQuest facilities before? If so, which facility? _____ Yes No

Are you legally eligible for employment in this country? Yes No

Have you lived in Pennsylvania for at least the past 2 years? Yes No

Date available for work ____/____/____

How did you hear about us? _____

Type of employment desired: Full-Time Part-time Temporary
 Day Shift Evening Shift Night Shift

Are you able to meet the attendance requirements of the position? Yes No

Have you been convicted of a felony or misdemeanor? Yes No

If yes, please explain _____

CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. EACH INSTANCE AND EXPLANATION WILL BE CONSIDERED IN RELATION TO THE POSITION FOR WHICH YOU ARE APPLYING.

Driver's license number if driving is an essential job function _____ State _____

Employment History *

Provide the following information for your past three (3) employers, assignments, or volunteer activities, starting with the most recent.

FROM	TO	EMPLOYER	TELEPHONE ()
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING		HOURLY RATE/SALARY START \$ _____ PER _____ FINAL \$ _____ PER _____	
FROM	TO	EMPLOYER	TELEPHONE ()
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING		HOURLY RATE/SALARY START \$ _____ PER _____ FINAL \$ _____ PER _____	
FROM	TO	EMPLOYER	TELEPHONE ()
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING		HOURLY RATE/SALARY START \$ _____ PER _____ FINAL \$ _____ PER _____	

* Furnish resume upon request

Skills and Qualifications

Summarize any training, skills, licenses, and/or certifications that may qualify you as being able to perform job related functions in the position for which you are applying. _____

Educational Background

NAME AND LOCATION	YEARS COMPLETED	DID YOU GRADUATE?		COURSE OF STUDY
		MAJOR	DEGREE	
HIGH SCHOOL				
COLLEGE				
OTHER				

References

NAME	TELEPHONE	YEARS KNOWN
	()	
	()	
	()	

I UNDERSTAND THAT IF I AM EMPLOYED, ANY MISREPRESENTATION OR MATERIAL OMISSION MADE BY ME ON THIS APPLICATION WILL RESULT IN CANCELLATION OF THIS APPLICATION OR IMMEDIATE DISCHARGE FROM THE EMPLOYER'S SERVICE, WHENEVER IT IS DISCOVERED.

I GIVE THE EMPLOYER THE RIGHT TO CONTACT AND OBTAIN INFORMATION FROM ALL REFERENCES, EMPLOYERS, EDUCATIONAL INSTITUTIONS AND TO OTHERWISE VERIFY THE ACCURACY OF THE INFORMATION CONTAINED IN THIS APPLICATION. I HEREBY RELEASE FROM LIABILITY THE EMPLOYER AND ITS REPRESENTATIVES FOR SEEKING, GATHERING, AND USING SUCH INFORMATION AND ALL OTHER PERSONS, CORPORATIONS, OR ORGANIZATIONS FOR FURNISHING SUCH INFORMATION.

I UNDERSTAND THAT PRIOR TO MY FIRST DAY OF WORK, I WILL HAVE TO UNDERGO A PRE EMPLOYMENT PHYSICAL AND DRUG TEST. I ALSO AGREE TO SIGN ANY NECESSARY AUTHORIZATIONS FOR SUCH TESTS.

THE EMPLOYER DOES NOT UNLAWFULLY DISCRIMINATE IN EMPLOYMENT AND NO QUESTION ON THIS APPLICATION IS USED FOR THE PURPOSE OF LIMITING OR EXCUSING ANY APPLICANT FROM CONSIDERATION FOR EMPLOYMENT ON A BASIS PROHIBITED BY LOCAL, STATE, OR FEDERAL LAW.

THIS APPLICATION IS CURRENT FOR ONLY 60 DAYS. AT THE CONCLUSION OF THIS TIME, IF I HAVE NOT HEARD FROM THE EMPLOYER AND STILL WISH TO BE CONSIDERED FOR EMPLOYMENT, IT WILL BE NECESSARY TO FILL OUT A NEW APPLICATION.

IF I AM HIRED, I UNDERSTAND THAT I AM FREE TO RESIGN AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, AND THE EMPLOYER RESERVES THE SAME RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, EXCEPT AS MAY BE REQUIRED BY LAW. THIS APPLICATION DOES NOT CONSTITUTE AN AGREEMENT OR CONTRACT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OR DEFINITE DURATION. I UNDERSTAND THAT NO REPRESENTATIVE OF THE EMPLOYER OTHER THAN AN AUTHORIZED OFFICER HAS THE AUTHORITY TO MAKE ANY ASSURANCES TO THE CONTRARY. I FURTHER UNDERSTAND THAT ANY SUCH ASSURANCES MUST BE IN WRITING AND SIGNED BY AN AUTHORIZED OFFICER.

I UNDERSTAND IT IS THIS COMPANY'S POLICY NOT TO REFUSE TO HIRE A QUALIFIED INDIVIDUAL WITH A DISABILITY BECAUSE OF THAT PERSON'S NEED FOR A REASONABLE ACCOMMODATION AS REQUIRED BY THE ADA.

I ALSO UNDERSTAND THAT IF I AM HIRED, I WILL BE REQUIRED TO PROVIDE PROOF OF IDENTITY AND LEGAL WORK AUTHORIZATION.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant _____ Date ____/____/____