

# LIFE ALLIANCE, LLC

**North Wilkesboro Office**  
 967 Sparta Road  
 North Wilkesboro, NC 28659  
 (336) 838-5229 Business  
 (336) 838-5449 Fax

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

**Dobson Office**  
 715A S. Main St./ PO Box 365  
 Dobson, NC 27017  
 (336) 386-4944 Business  
 (336-) 386-4946 Fax

**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.

Large empty rectangular box for additional information.

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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? \_\_\_\_\_

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**PLEASE READ CAREFULLY**

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**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 that as directed by company policy and consistent with the job described, Life Alliance may be requesting 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 and references 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 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:** \_\_\_\_\_

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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