



## EMPLOYMENT APPLICATION

### Personal Information

PLEASE PRINT OR TYPE

Today's Date: \_\_\_\_\_

\_\_\_\_\_  
*First Name*                      *MI*                      *Last Name*                      *Preferred Name/Nickname*

\_\_\_\_\_  
*Street Address*                      *Apt #*                      *City*                      *State*                      *Zip Code*

\_\_\_\_\_  
*Home Phone*                      *Alternate/Work Phone*                      *Email Address*

PLEASE PLACE A CHECK BY YOUR RESPONSE OR PROVIDE THE APPROPRIATE INFORMATION

Are you interested in:                       Full Time                       Part Time                       Temporary

What schedule would you prefer?                       Weekdays                       Weekends                       Evenings                       Nights

How did you hear about the position?                       Classified Ad                       Friend (Name)                       Radio                       Internet

Desired Pay:    Hourly Pay                      \$ \_\_\_\_\_                      Annual Pay                      \$ \_\_\_\_\_                      \$ \_\_\_\_\_  
(Minimum, if applicable)                      Minimum                      Desired

When are you able to start work?                      Date: \_\_\_\_\_

In what local area do you prefer to work? \_\_\_\_\_

Position desired: \_\_\_\_\_

PLEASE CHECK YES OR NO TO THE FOLLOWING:

Are you authorized to work in the United States?                       Yes                       No

Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with these laws, Life's Energy Wellness Center Inc. will verify the status of every individual offered employment with the Company. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization.



**EDUCATION:**

Name & Location of School	# of Years Completed	Graduated	List Credit Hours Completed	Degree & Major
		<input type="checkbox"/> yes <input type="checkbox"/> no		
		<input type="checkbox"/> yes <input type="checkbox"/> no		
		<input type="checkbox"/> yes <input type="checkbox"/> no		
		<input type="checkbox"/> yes <input type="checkbox"/> no		

<b>Professional Certifications/Licenses:</b>  <b>Issued by:</b> <b>State Issued:</b>	<b>Type of License:</b>  <b>Expiration Date:</b>
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**EMPLOYMENT/WORK EXPERIENCE:** Start with your present or most recent position. Include military service assignments and volunteer activities. Exclude organization names that indicate race, color, religion, sex or national origin.

	COMPANY NAME		YOUR POSITION and TITLE	
FROM _____ / _____ Month                  Year	NO. & STREET		SUPERVISOR'S NAME, TITLE and POSITION	
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER
	TYPE OF BUSINESS			
TO _____ / _____ Month                  Year	TELEPHONE NUMBER (       )	TERMINATION <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY	REASON FOR LEAVING	
Did you supervise staff: <input type="checkbox"/> YES <input type="checkbox"/> NO How many staff were under your direct supervision: _____	BRIEFLY DESCRIBE YOUR MAJOR DUTIES AND REASON(S) FOR TERMINATION			



	COMPANY NAME			YOUR POSITION and TITLE
FROM ____ / ____ Month      Year	NO. & STREET			SUPERVISOR'S NAME, TITLE and POSITION
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER
	TYPE OF BUSINESS			
TO ____ / ____ Month      Year	TELEPHONE NUMBER (      )	TERMINATION ____ VOLUNTARY ____ INVOLUNTARY		REASON FOR LEAVING
Did you supervise staff: <input type="checkbox"/> YES <input type="checkbox"/> NO How many staff were under your direct supervision: _____	BRIEFLY DESCRIBE YOUR <u>MAJOR DUTIES</u> AND <u>REASON(S) FOR TERMINATION</u>			

	COMPANY NAME			YOUR POSITION and TITLE
FROM ____ / ____ Month      Year	NO. & STREET			SUPERVISOR'S NAME, TITLE and POSITION
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER
	TYPE OF BUSINESS			
TO ____ / ____ Month      Year	TELEPHONE NUMBER (      )	TERMINATION ____ VOLUNTARY ____ INVOLUNTARY		REASON FOR LEAVING
Did you supervise staff: <input type="checkbox"/> YES <input type="checkbox"/> NO How many staff were under your direct supervision: _____	BRIEFLY DESCRIBE YOUR <u>MAJOR DUTIES</u> AND <u>REASON(S) FOR TERMINATION</u>			



**Professional References:** Please Provide individual and company names, position, Addresses and phone numbers for 3 professional references.

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Personal References:** Please provide names, addresses, phone numbers, relationship and how long known for 3 personal references.

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Special Skills: Describe any special skills/qualifications/awards:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Life's Energy Wellness Center (LEWC Inc.) is an equal opportunity employer and does not discriminate against any applicant or employee because of race, color, religion, sex, national origin, disability, age, or military or veteran status in accordance with federal law. In addition, LEWC Inc. complies with applicable state and local laws governing nondiscrimination in employment in every jurisdiction in which it maintains facilities. LEWC Inc. also provides reasonable accommodation to qualified individuals with disabilities in accordance with applicable laws.*



I, \_\_\_\_\_ affirm that the above answers are true and complete to the best of my Knowledge. I authorize Life's Energy Wellness Center Inc, to investigate any statement contained in this application, and to obtain a background check, and certification/license verification as necessary to determine my qualifications. I understand that this applications is not intended in any way to be any kind of contract or agreement. In the event of employment, I understand that any false or misleading information given in my application, correspondence, discussions or interview may result in immediate termination. I understand also, that I am required to abide by all regulations, policies, procedures, rules and requirements of Life's Energy Wellness Center Inc.

**Print Name:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_