

JOB APPLICATION
LIASIONS COMMUNITY CARE, LLC
21 W COLONY PLACE SUITE 140-B
DURHAM, NORTH CAROLINA 27705
PHONE: 919-207-8177

LIASIONS COMMUNITY CARE LLC is equal opportunity employer. This application will not be used for limiting or excluding any application from consideration for employment on a basis prohibited by local, he or she should contact a company representative.

Please fill out all of the sections below:

Application Information

Applicant Name: _____

Address: _____

City, State, and Zip Code: _____

Telephone Number: _____

Email Address: _____

Date of Application: _____

Date of Birth: _____

Social Security Number: _____

Emergency Contact Name/Relationship/Number:

Employment Position

Position(s) applying for:

How did you hear about this position? _____

What days are you available to work? _____

On what can you start working if you are hired? _____

Do you have reliable transportation to and from work? _____

Salary Desired: _____

Personal Information

Do you have any friends, relatives, or acquaintances working for LIASIONS COMMUNITY CARE, LLC? Yes ___ No ___

If yes, state name & relationship:

Are you 18 years age or older? Yes ___ No ___

Are you a U.S. citizen or approved to work in the United States? Yes ___ No ___

What document can you provide as proof of citizenship or legal status?

Will you consent to a mandatory controlled substance test? Yes ___ No ___

Do you have condition which would require job accommodations? Yes ___ No ___

If yes, please describe accommodations required below.

Have you ever been convicted of a criminal offense (felony or misdemeanor)?

Yes _____ No _____

If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position (s) applied for may, however, be considered.)

Job Skills/Qualifications

Please list below the skills and qualifications you possess for the position for which you are applying for:

(Note: LIASIONS COMMUNITY CARE, LLC complies with the ADA and considers reasonable accommodations measures that may be necessary for eligible applicants/ employees to perform essential functions.)

Education and Training

High School

Name	Location(City, State)	Year Graduated	Degree Earned

College/University

Name	Location(City, State)	Year Graduated	Degree Earned

Vocational School/Specialized Training

Name	Location(City, State)	Year Graduated	Degree Earned

Military:

Are you a member of the Armed Services? Yes ___ No ___

If so, which Armed Services: _____

What branch of the military did you enlist? _____

What was your military rank when you were discharged? _____

How many years did you serve in the military? _____

What military skills do you possess that would be an asset for this position?

Previous Employment

Employer Name: _____

Job Title: _____

Supervisor Name: _____

Employer Address: _____

City, State, and Zip Code: _____

Employer Telephone: _____

Dates Employed: _____

Reason for leaving:

Employer Name: _____

Job Title: _____

Supervisor Name: _____

Employer Address: _____

City, State, and Zip Code: _____

Employer Telephone: _____

Dates Employed: _____

Reason for leaving:

Employer Name: _____

Job Title: _____

Supervisor Name: _____

Employer Address: _____

City, State, and Zip Code: _____

Employer Telephone: _____

Dates Employed: _____

Reason for leaving:

References

Please provide three personal and professional reference(s) below:

Reference	Contact Information

Additional Information:

AT- WILL EMPLOYMENT

The relationship between you and the LIASIONS COMMUNITY CARE, LLC is referred to as “employment at will.” This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the LIASIONS COMMUNITY CARE, LLC. No representative of LIASIONS COMMUNITY CARE, LLC has authority to enter into any agreement contrary to the foregoing “employment at will” relationship. You understand that your employment is “at will” and that you

acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Executive Vice-President/Chief Operations Officer or the Company's President.

Applicant Signature _____ Date: _____