

EMPLOYMENT APPLICATION

Please complete the entire application.

Employer: Lead the Way, LLC
Address: 460 E. Carson Plaza Drive, Suite 210
City/State/ZIP: Carson, California 90746

Lead the Way offers an equal opportunity for employment to all applicants without regard to race, ethnicity, age, sex, gender identity, color, citizenship, marital status, sexual orientation, religion, gender, national origin, disability, or veteran status. Should you require reasonable accommodation to complete this application, please inform us so that a reasonable accommodation can be made.

We are committed to providing quality and ethical care to our patients, residents, and consumers. We are also committed to providing a safe environment for our patients, residents, consumers, and employees. Therefore; it is also the policy of our company to conduct a pre-employment drug screen. Once a conditional offer of employment has been made, we will run a background check on all employees. If your position requires that you drive a vehicle, we will also obtain a DMV clearance. Failing the background check shall be just cause to terminate your employment. If you fail the DMV clearance, and your position requires you to drive a vehicle, you may be terminated or experience a change in employment status.

Applicant Information

Name: _____
Last Name First Name Middle Name

Home Address: _____

City/State/ZIP: _____

Number of years at this address: _

Daytime phone: _____ Evening phone: _____

Mobile phone: _____ Email: _____

Driver's License (State/Number): _____

Position applied for: _____

Are you applying for: (circle one) Full Time Part Time

How did you learn about this position? _____

Do you have any friends or relatives who work here? If yes, please list here:

Employment History

List your current or most recent employment first. Please list all jobs for the past 10-years (including school, self-employment, and military service) which you have held, please list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

Employer Name: _____ **Phone # ()** _____

Supervisor Name: _____

City/State/ZIP: _____

Job Duties: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): _____

May we contact this employer? Yes _____ No _____

Employer Name: _____ **Phone # ()** _____

Supervisor Name: _____

City/State/ZIP: _____

Job Duties: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): _____

May we contact this employer? Yes _____ No _____

Employer Name: _____ **Phone # ()** _____

Supervisor Name: _____

City/State/ZIP: _____

Job Duties: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): _____

May we contact this employer? Yes _____ No _____

Education and Training

Name of High School or place where HS Diploma or GED received

College/University (s) Name and Address

Did you receive a degree? _____ Yes _____ No If yes, Degree received:

Other Training (graduate, technical, vocational):

Please indicate any current professional licenses or certifications that you hold:

Type of license or certificate: _____

License or certificate number _____ Expiration date: _____

Military Service: ____ Yes ____ No Branch: _____

Specialized Training: _____

References

List any two non-relatives who would be willing to provide a reference for you.

Name: _____

Address: _____

City/State/ZIP: _____

Telephone: _____

Relationship: _____

Name: _____

Address: _____

City/State/ZIP: _____

Telephone: _____

Relationship: _____

CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that omitting information, or providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Lead the Way, LLC to contact former employers, educational organizations, and non-relative references regarding my employment, character, and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my character, previous employment, and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Director, the employment relationship will be "At-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Lead the Way, LLC Home, except in a specific written contract of employment signed on behalf of the organization by its Executive Director, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

Applicant Signature.

Date

If this application has been completed by someone other than the applicant, please print their name below:



Employee Availability Form

Date _____

Employee Name (Print) _____

Employee Signature _____

Date You Can Officially Start: _____

Will there be any Prior Commitment dates that will affect work: _____

Instructions:

In each blank, record the times you are available to work.

- If you can work any time, write **NO RESTRICTIONS**.
- If you cannot work on a given day, write **NO AVAILABILITY**.
- All Week shifts are 8 hour shifts. The shifts are: 8am-4pm, 4pm-12am, 12am-8am
- All Weekend shifts are 12 hour shifts. The shifts are: 8am-8pm, 8pm-8am
- Please include A.M. and P.M.

EMPLOYEE AVAILABILITY:

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|--------|---------|-----------|----------|--------|----------|
| | | | | | | |

Note:

- You must complete this form before we can add you to the schedule.
- It is your responsibility to update this form and turn it in to your manager if your availability changes.
- We are not responsible for conflicts in scheduling that arise because you neglected to update your availability.
- Updating your availability does not guarantee it will be accommodated.