



**LIFE WELLNESS CENTER
EMPLOYMENT APPLICATION**

PERSONAL INFORMATION

Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: ___/___/_____ Cell Phone: ___/___/_____

Email Address: _____

Have you ever applied for employment with **LWC**? Yes No If Yes, when? _____

How did you hear about LWC? _____

POSITION DESIRED & AVAILABILITY

Position you are applying for:

Desired Salary or Hourly Wage: \$ _____

Days you are available to work:

Monday Tuesday Wednesday Thursday Friday Saturday

Hours available: From _____ To _____ Total hours available to work weekly: _____

WORK ELIGIBILITY

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

Are you available to work holidays? Yes No

When will you be available for work? Month: _____ Year _____

Are you 18 years of age or older? Yes No

Have you ever been convicted of, or pleaded no contest to, a felony within the last 5 years?

Yes No If yes, please explain: _____



Have you ever been convicted of, pleaded guilty to, or pleaded no contest to, an act of dishonesty, or breach of trust or moral turpitude, such as: Misdemeanor, Petty Theft, Burglary, Fraud, writing bad checks, or other related crimes within the past 5 years?*

Yes No

If yes, please explain: _____

**** Conviction of a crime, or pleading guilty to a criminal charge, will not necessarily disqualify you from the job for which you are applying. Each conviction or plea will be considered with respect to time, job relatedness, and other relevant factors.***

SKILLS

Do you have special training or skills (additional spoken or written languages, computer software knowledge, machine operation experience, etc) that would be helpful to the position for which you are applying?

EDUCATION

- High School: _____

City/State: _____

- College: _____

City/State: _____

Course of Study: _____

Completed: _____ # of years

Did you graduate? Yes No

Degree: _____

EMPLOYMENT HISTORY

Please give accurate and complete full-time employment record. Start with present or most recent employer, including military experience if applicable.

POSITION #1

Company Name: _____



City: _____ State: _____

Company Phone Number: ____/____/_____

Job Title: _____

Name of Supervisor: _____

Employed (Month/Year) From: _____ to: _____

Hourly Wage: _____

Describe your work: _____

May we contact this employer: Yes No

If no, why not? _____

Reason for leaving: _____

POSITION #2

Company Name: _____

City: _____ State: _____

Company Phone Number: ____/____/_____

Job Title: _____

Name of Supervisor: _____

Employed (Month/Year) From: _____ To: _____

Hourly Wage: _____

Describe your work: _____

May we contact this employer: Yes No

If no, why not? _____

Reason for leaving: _____

AGREEMENT OF THE TRANSFER OF INFORMATION

I declare the information provided by me in this application is true, correct, and complete to the best of my knowledge. I understand that if employed, any falsification, misstatement, or omission of fact in connection with my application, whether on this document or not, may result in immediate termination of employment. I authorize you to verify any and all information provided above.

I acknowledge that if I become employed, I will be free to terminate my employment at any time for any reason, and the ***Life Wellness Center, Inc.*** retains the same rights. No ***Life Wellness Center, Inc.*** representative has the authority to make any contrary agreement.

Signature: _____ Date: ____/____/_____

Printed Name: _____