

Name:		City and State of interest:		
Email address:		Date application completed:		
Date available:	Position applying for:		Salary desired:	
Current address:	City:	County:	State:	Zip:
List all the states where you have lived and include the dates (from/to): _____				
Telephone number: ()			Place of birth:	
How did you hear about this job opening? <input type="checkbox"/> Indeed.com <input type="checkbox"/> Personal reference (please specify): _____ <input type="checkbox"/> Other (please specify): _____				
Number of hours you can work each week: <input type="checkbox"/> At Least 40 <input type="checkbox"/> 30 to 40 <input type="checkbox"/> Less than 30			Days/Hours Available:	

<i>Please answer the following questions</i>	YES	NO
Are you legally authorized to work in the United States?	<input type="checkbox"/>	<input type="checkbox"/>
Are you over 18 years of age?	<input type="checkbox"/>	<input type="checkbox"/>
Do you possess a valid driver's license?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever worked at a LifeSouth facility? If so, list the location: _____	<input type="checkbox"/>	<input type="checkbox"/>
Are you related to another LifeSouth employee? If so, list whom: _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you have flexibility to work a varied schedule?	<input type="checkbox"/>	<input type="checkbox"/>
Are you fluent in languages other than English? If yes, list language(s): _____	<input type="checkbox"/>	<input type="checkbox"/>
Why are you interested in joining the LifeSouth team?		

Educational History *Attach an additional sheet of paper if necessary.*

Type of School	Name of School, City, State	Dates Attended	Degree	Degree Obtained (Yes/No)
High School				
College/University				
College/University				
Other				

Professional References

Please list three references that can provide information about your work ethic, job performance, and abilities.

Name	Relationship	Phone Number	Years Known

Additional Skills, Licenses, and Certifications

List any professional licenses, registrations, or certifications you possess. Include any related license number, the date obtained, and the state in which you are licensed.

List any skills applicable to the position for which you are applying.

Employment History List your work experience, beginning with your current or most recent job held. Attach another page if necessary.

Company:		Job title:
Address:		Phone #:
From:	To:	Name employed under (if different):
Supervisor name:		Nature of duties:
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for leaving:
Company:		Job title:
Address:		Phone #:
From:	To:	Name employed under (if different):
Supervisor name:		Nature of duties:
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for leaving:
Company:		Job title:
Address:		Phone #:
From:	To:	Name employed under (if different):
Supervisor name:		Nature of duties:
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for leaving:

Please Read the Following and Sign Where Indicated

I certify and understand the following:

- The information in this application is complete and true. LifeSouth may verify information in this application. Should information found be untrue, misleading, or incomplete, now or at any time during my employment, I understand that I may be immediately discharged without recourse. I understand that a background check and/or pre-employment health assessment/physical exam may be required as a condition of employment.
- If LifeSouth requires a pre-employment health assessment and physical exam, failure to disclose pertinent medical history or physical limitations may result in immediate discharge and/or denial of worker's compensation benefits.
- LifeSouth may request reports about me from consumer reporting agencies, including an official credit report. A credit report check is required for certain positions.
- LifeSouth reserves the right to require its employees to submit to a drug screen. I understand that refusal to submit to a drug screen may be grounds for immediate dismissal.
- Compliance with LifeSouth's Drug-Free and Tobacco-Free Workplace policies is a condition of employment.
- Driving information, such as my driver's license and date of birth, must be submitted for a driving record because I may be asked to drive on company business.
- If LifeSouth offers me employment, my employment will be for no definite term and either LifeSouth or I will have the right to terminate the employment relationship at any time, with or without cause.

I authorize my prior employers to provide LifeSouth with information concerning my prior employment, and I authorize the Registrar/Placement Office of all educational institutions I attended to release an official copy of my transcript. I also authorize any appropriate licensing board to release full information concerning my licensure status and licensure history. I also authorize LifeSouth to conduct a background check in order to verify the information provided on this application. I have read and understand these conditions of employment.

Applicant Signature: _____ Date _____

LifeSouth is a Drug-Free and Tobacco-Free Workplace. LifeSouth is a VEVRAA Federal Contractor as well as an affirmative action employer and provides equal opportunity to all persons, regardless of race, religion, age, gender, disability, status as a protected veteran, national origin, color, or any other classification in accordance with federal, state, and local statutes, regulations, and ordinances. Veterans are encouraged to self-identify as LifeSouth desires to provide protected veterans priority referrals for open positions. LifeSouth complies with all laws and regulations associated with the Family Medical Leave Act (FMLA) and the Americans with Disability Act (ADA). LifeSouth is an E-Verify employer.

If you require any assistance to complete the application process or during the interview due to a disability, please contact the LifeSouth region where you are applying or call 1-888-795-2707 to request an accommodation. Applications may be completed at a LifeSouth facility or mailed to corporate headquarters in lieu of the on-line application process.

**Compliance Questions:
Equal Employment Opportunity**

This information is collected in compliance with government record-keeping requirements. It is completely optional for you to submit and will be used only for Equal Employment Opportunity reporting and statistical purposes. It is not viewed or used as a part of the recruiting or hiring process.

Please select a response:

Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Decline to specify	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Other <input type="checkbox"/> Decline to specify	Race: <input type="checkbox"/> American Native or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> White <input type="checkbox"/> Two or more races <input type="checkbox"/> Decline to specify
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Veteran Status (VETS-4212)

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active-duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

Disabled veteran	<ul style="list-style-type: none"> A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or A person who was discharged or released from active duty because of a service-connected disability.
Recently separated veteran	Any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
Active-duty wartime or campaign badge veteran	A veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
Armed forces service medal veteran	A veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Please select a response:

I identify with one or more of the categories of protected veteran described above
 I am not a protected veteran
 I choose not to self-identify

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the VEVRAA, as amended.

Voluntary Self-Identification of Disability (Form CC-305, OMB Control Number 1250-0005, Expires 4/30/2026)

Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do I know if I have a disability?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability.

Disabilities include, but are not limited to:

- | | | |
|---|---|--|
| <ul style="list-style-type: none"> Alcohol or other substance use disorder (not currently using drugs illegally) Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS Blind or low vision Cancer (past or present) Cardiovascular or heart disease Celiac disease Cerebral palsy Deaf or serious difficulty hearing Diabetes Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders | <ul style="list-style-type: none"> Epilepsy or other seizure disorder Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome Intellectual or developmental disability Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD Missing limbs or partially missing limbs Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports | <ul style="list-style-type: none"> Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS) Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities Partial or complete paralysis (any cause) Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema Short stature (dwarfism) Traumatic brain injury |
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Please select a response:

Yes, I have a disability, or have had one in the past
 No, I don't have a disability and have not had one in the past
 I don't want to answer

Name:

Date:

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.