

| Lighthouse Integrated Care LLC<br><b>EMPLOYMENT APPLICATION</b>  |              |                |                  |                        |               |              |
|--|--------------|----------------|------------------|------------------------|---------------|--------------|
| <b>DATE OF APPLICATION:</b>  |              |                |                  | <b>DATE AVAILABLE:</b> |               |              |
| <b>AVAILABILITY: CHECK ALL THAT YOU ARE WILLING TO WORK</b>  |              |                |                  |                        |               |              |
| MON  | TUES         | WED            | THUR             | FRI                    | SAT           | SUN          |
|  |              | Evening (5-9P) | Nights (9P-12MN) |                        | Overnights    |              |
| <b>POSITION APPLYING FOR:</b>  |              |                |                  |                        |               |              |
| <b>TYPE OF EMPLOYMENT DESIRED:</b>   |              |                | Per Diem         | Number of Hours:       |               |              |
|  |              |                | Part Time        | Number of Hours:       |               |              |
|  |              |                | Full Time        | Number of Hours:       |               |              |
| <b>APPLICANT NAME:</b>   |              |                |                  |                        |               |              |
| <b>LAST:</b>   |              |                |                  | <b>FIRST:</b>          |               | <b>MI:</b>   |
| <b>MAILING ADDRESS:</b>  |              |                |                  |                        |               |              |
| <b>STREET:</b>   |              |                |                  |                        | <b>CITY:</b>  |              |
| <b>STATE:</b>  |              |                |                  |                        | <b>ZIP:</b>   |              |
| <b>PHONE:</b>  |              | <b>CELL:</b>   |                  |                        |               | <b>WORK:</b> |
| <b>EMAIL:</b>  |              |                |                  |                        |               |              |
| <b>LANGUAGE SKILLS OTHER THAN ENGLISH: written/spoken</b>  |              |                |                  |                        |               |              |
|  |              |                |                  |                        |               |              |
| <b>HAVE YOU EVER BEEN EMPLOYED HERE BEFORE?</b>  |              |                |                  | YES                    | No            |              |
| <b>HOW DID YOU HEAR ABOUT US? Check as applies</b>   |              |                |                  |                        |               |              |
| Internet   | Newspaper AD | Employee       | OTHER:           |                        |               |              |
| <b>EMERGENCY CONTACT INFORMATION</b> <i>Please Print Clearly</i>   |              |                |                  |                        |               |              |
| <b>NAME:</b>   |              |                |                  |                        | <b>PHONE:</b> |              |
| <b>RELATIONSHIP:</b>   |              |                |                  |                        |               |              |
| <p><b>Our agency is an equal opportunity employer. All applicants and employees are considered for employment, advancement, and development based upon their skills, performance, and potential.</b></p> <p><b>No current or prospective employee will be discriminated against because of race, creed, color, gender, age, national origin, handicap, or military status.</b></p> |              |                |                  |                        |               |              |

| <b>EMPLOYMENT APPLICATION Page 2 of 2</b>   |   |                              |                             |               |
|---|---|------------------------------|-----------------------------|---------------|
| <b>Employment History - Please begin with your most recent or current place of employment.</b>  |   |                              |                             |               |
| <b>1. COMPANY:</b>  |   | <b>START DATE:</b>           |                             |               |
| <b>ADDRESS:</b>   |   |                              |                             |               |
| <b>POSITION:</b>  |   | <b>PHONE:</b>                |                             |               |
| <b>SUPERVISOR:</b>  |   | <b>FINAL SALARY:</b>         |                             |               |
| <b>REASON FOR LEAVING:</b>  |   |                              |                             |               |
|   |   |                              |                             |               |
| <b>2. COMPANY:</b>  |   | <b>START DATE:</b>           |                             |               |
| <b>ADDRESS:</b>   |   |                              |                             |               |
| <b>POSITION:</b>  |   | <b>PHONE:</b>                |                             |               |
| <b>SUPERVISOR:</b>  |   | <b>FINAL SALARY:</b>         |                             |               |
| <b>REASON FOR LEAVING:</b>  |   |                              |                             |               |
|   |   |                              |                             |               |
| <b>3. COMPANY:</b>  |   | <b>START DATE:</b>           |                             |               |
| <b>ADDRESS:</b>   |   |                              |                             |               |
| <b>POSITION:</b>  |   | <b>PHONE:</b>                |                             |               |
| <b>SUPERVISOR:</b>  |   | <b>FINAL SALARY:</b>         |                             |               |
| <b>REASON FOR LEAVING:</b>  |   |                              |                             |               |
|   |   |                              |                             |               |
| <b>EDUCATION:</b>   | <b>NAME</b>   | <b>COURSE OF STUDY</b>       | <b>YRS COMPLETED</b>        |               |
| High School   |   |                              |                             |               |
| College:  |   |                              |                             |               |
| OTHER:  |   |                              |                             |               |
| OTHER:  |   |                              |                             |               |
|   |   |                              |                             |               |
| <b>MILITARY SERVICE:</b>  | <b>BRANCH:</b>  | <b>DATES:</b>                |                             |               |
| <b>Highest Rank Achieved:</b>   |   | Currently in a Reserve Unit? | Yes                         | No            |
| <b>Special Schooling/Duties:</b>  |   |                              |                             |               |
|   |   |                              |                             |               |
| <b>LICENSE/CERTIFICATIONS</b>   | <b>NAME:</b>  | <b>ID NO:</b>                | <b>Expires:</b>             | <b>STATE:</b> |
|   |   |                              |                             |               |
|   |   |                              |                             |               |
|   |   |                              |                             |               |
|   |   |                              |                             |               |
| <b>CRIMINAL HISTORY:</b>  | <b>By my signature below, I acknowledge/consent to a criminal check on my name.</b> |                              |                             |               |
| Have you ever been convicted of violating any law?<br>(Please omit minor traffic violations.)   | <input type="checkbox"/> Yes  |                              | <input type="checkbox"/> No |               |
| If yes, please list conviction(s)/date(s)/location(s)   |   |                              |                             |               |
| <p>The presence of a criminal record is not an automatic rejection of your application. Certain types of convictions will eliminate you from servicing vulnerable elders in their homes. I attest that the above referenced information is true and accurate to the best of my knowledge. I further give the agency permission to call any of my cited previous employers or reference candidate for information regarding my character, employment history or work ethics.</p> |   |                              |                             |               |
| <b>EMPLOYEE CANDIDATE SIGNATURE:</b>  |   |                              |                             |               |
|   |   |                              |                             |               |
| <b>DATE:</b>  |   |                              |                             |               |