

Former Employers (list below your last four employers, starting with the last one first)

| Date Month and Year | Name – City - Phone of Employer | Position | Reason for leaving |
|------------------------|---------------------------------|----------|--------------------|
| From | | | |
| To | | | |
| From | | | |
| To | | | |
| From | | | |
| To | | | |
| From | | | |
| To | | | |

References (list below three persons not related to you, whom you have known at least one year)

| Name | Address | Phone | Relationship | Years Known |
|------|---------|-------|--------------|----------------|
| | | | | |
| | | | | |
| | | | | |

Please complete the following if you have any relatives that are or have been employed with Lake Wales Care Center:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Authorization

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by Care Center.

I understand that any employment is conditioned on a background check. I authorize Care Center to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to Care Center, without giving me prior notice of such disclosure. In addition, I release Care Center, any former employers and all references listed above from any and all claims, or demands or liabilities arising out of or related to such investigation or disclosure.

If I am offered employment I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by Care Center and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to Care Center the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by Care Center's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate Care Center to hire. If hired, I agree to abide by all Care Center work rules, policies and procedures. Care Center retains the right to revise its policies or procedures, in whole or in part, at any time.

Signature _____ Date _____

***Please attach a one-page typed copy of your faith journey. Include a personal testimony and how it has impacted your relationship with Christ.**

Lake Wales Care Center is a faith based community service organization which demonstrates Christ's love by building bridges between people in need and people with a desire to serve.