



**Living In Fulfilling Environments Inc.**  
16424 E. Broadway Ave.  
Veradale, WA. 99037

Office # (509) 922-6351  
Fax# (509) 922-7565

Mailing address: P.O. Box 7227  
Spokane, WA 99207

**Minimum Qualifications for employment:**

- 18 years of age or older
- Ability to lift 50 pounds
- Pass a background check

**LIFE, Inc. is a Drug Free Company**

**(PLEASE PRINT)**

Today's date \_\_\_\_\_

Name (in full) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Pager/Cell or Alternate Phone (if any) \_\_\_\_\_

Position you are applying for \_\_\_\_\_

How did you hear about us?  Work Source  Friend (name) \_\_\_\_\_  
 Craigslist  Other \_\_\_\_\_

Are you authorized to work in this country?  YES  NO

Do you have a high school diploma or GED?  YES  NO

Driver license number and State \_\_\_\_\_ Expiration \_\_\_\_\_

Auto Insurance Company \_\_\_\_\_

Do you have: Covid-19 Vaccination Record  YES  NO  
Covid-19 Religious Exemption  YES  NO  
Covid-19 Medical Exemption  YES  NO

Do you prefer:  Full-time (40 hours per week) or  Part-time (32 hours or less)

Morning/Day (7am-3pm)  Evenings/Swings (3pm-11pm)  Nights/Graveyard (11pm-7am)

**PREVIOUS EMPLOYMENT**

- All information provided by applicant is voluntary and not mandatory.
- Give employment history in chronological order, beginning with most recent position and going back.
- Please account for any gaps in employment history of more than three months.

**Present or last employer**

Name of firm \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Nature of business \_\_\_\_\_

Dates of employment \_\_\_\_\_

Position(s) held \_\_\_\_\_

Job duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**Prior to that, I was employed by:**

Name of firm \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Nature of business \_\_\_\_\_

Dates of employment \_\_\_\_\_

Position(s) held \_\_\_\_\_

Job duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

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Address \_\_\_\_\_

Phone number \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Nature of business \_\_\_\_\_

Dates of employment \_\_\_\_\_

Position(s) held \_\_\_\_\_

Job duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**Prior to that, I was employed by:**

Name of firm \_\_\_\_\_  
Address \_\_\_\_\_  
Phone number \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_  
Nature of business \_\_\_\_\_  
Dates of employment \_\_\_\_\_  
Position(s) held \_\_\_\_\_  
Job duties \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

**EDUCATION**

**Name of School/Location**

High School \_\_\_\_\_  
Business/Trade \_\_\_\_\_  
College/University \_\_\_\_\_  
Graduate/Professional \_\_\_\_\_

**PERSONAL REFERENCES**

- All information provided by applicant is voluntary and not mandatory.
- Please provide us two persons to whom you are not related and by whom you have not been employed.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_

Summarize special skills and qualifications acquired from employment, volunteer work, or other experience.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**JOB APPLICATION DISCLAIMER AND ACKNOWLEDGEMENT**

I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusing to hire me, or for discharge should I be hired. I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I authorize any of the persons and organizations listed by me on this application to give you any and all information concerning my previous employment, education and qualifications for employment. I also authorize you to request and receive such information.

**I understand that alcohol and drug screening test is in accordance with the company’s substance abuse policy.**

In consideration for my employment, I agree to conform to the rules and regulations of the company. I acknowledge that rules may be changed, withdrawn, added or interpreted at any time, at the company’s sole option and without prior notice to me. **I acknowledge that LIFE, Inc. is a drug free company and may randomly test for drugs.** I also acknowledge my employment may be terminated, or any offer or acceptance of employment withdrawn, at any time, with or without cause, and with or without prior notice at the option of the company or myself. I understand that no representative of the company has any authority to enter into any agreement for employment for any specified period of time or to promise any other personnel action, either before or after I accept employment, or to guarantee any benefits or terms or conditions of employment or to make any other agreement which is contrary to this agreement.

I have read and understand this acknowledgment.

Signature\_\_\_\_\_

Date\_\_\_\_\_

Please print name\_\_\_\_\_