

LOL-LIFE OF LIBERTY, INC.



"Promoting Successful Independence"

EMPLOYMENT APPLICATION

- ✓ Please complete the attached forms in their entirety.
- ✓ Return this application along with your resume and any additional supporting documentation that address your qualifications and/or work experience.

Office: 760.433.5411 Fax: 760.433.5414 Website: www.lol-lifeofliberty.com Email: admin@lol-lifeofliberty.com

PERSONNEL RECORD
(Form to be completed by employee)

DATE
NAME OF FACILITY
FACILITY ADDRESS
FACILITY FILE NUMBER

1. PERSONAL

NAME (LAST FIRST MIDDLE)	TELEPHONE ()
ADDRESS	ARE YOU 18 YEARS OF AGE OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PLEASE STATE YOUR AGE
SOCIAL SECURITY NUMBER: (VOLUNTARY FOR ID ONLY)	DATE OF LAST PHYSICAL EXAMINATION
	DATE OF LAST TB TEST

HAVE YOU EVER BEEN EMPLOYED UNDER A DIFFERENT NAME? YES NO IF YES, PLEASE LIST ALL NAMES USED.

DO YOU POSSESS A VALID CALIFORNIA DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED? <input type="checkbox"/> YES <input type="checkbox"/> NO
CDL NUMBER	IF YES, PLEASE EXPLAIN ON BACK OF FORM.
NEAREST LIVING RELATIVE — NAME:	TELEPHONE NUMBER
ADDRESS	RELATIONSHIP

2. POSITION

TITLE	SALARY	HOURS	DATE OF EMPLOYMENT
NAME OF SUPERVISOR			

3. PREVIOUS EMPLOYMENT (List most recent experience first. If additional space is needed, please attach a separate page.)

NAME AND ADDRESS OF EMPLOYER	TELEPHONE NUMBER	JOB TITLE AND TYPE OF WORK	REASON FOR LEAVING	DATES	
				FROM	TO

4. EDUCATION

CIRCLE HIGHEST YEAR COMPLETED 6 7 8 9 10 11 12	DIPLOMA	CURRENTLY ENROLLED IN HIGH SCHOOL COMPLETION COURSE? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, GIVE EXPECTED COMPLETION DATE
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EMPLOYMENT — RELATED EDUCATION COURSES

COURSE TITLE	NAME OF SCHOOL OR ORGANIZATION AND ADDRESS	NUMBER UNITS COMPLETED	DATE COMPLETED	CURRENTLY ENROLLED

**DISCLOSURE AND ACKNOWLEDGEMENT
CONCERNING CONSUMER CREDIT REPORT OR
INVESTIGATIVE CONSUMER REPORT OBTAINED
FOR EMPLOYMENT PURPOSES PURSUANT TO CALIFORNIA LAW**

In connection with your application for employment with LOL-Life Of Liberty, Inc., the Company will obtain a consumer report or an investigative consumer report on you, as defined in the California Consumer Credit Reporting Agencies Act, Cal. Civ. Code §1785.1 et seq., and the California Investigative Consumer Reporting Agencies Act, Cal. Civ. Code §1786 et seq. An "investigative consumer report" includes information as to your character, general reputation, personal characteristics, and mode of living.

Report (s) will be obtained from:
Department of Social Services
Caregiver Background Check Bureau
744 P St, MS 19-62
Sacramento, CA 95814

Department of Motor Vehicles (Pull Program)
PO Box 944247-2470
Sacramento, CA 94244

Office of Inspector General
Room 5541 Cohen Building
330 Independence Ave., SW
Washington, DC 20201

The requested investigation on you may include one or more of the following items; criminal history record (s), credit report, social security number trace, education record(s), employment record(s), and / or a motor vehicle report(s).

California law requires that you check the following box to indicate your desire to receive a copy of the report.

Please forward to my attention at the following address a copy of the report.

Street: _____

City, State, Zip: _____

Information You May Request If An Investigative Consumer Report Is Obtained
(Summary of Cal. Civ. Code § 1786.22)

If the Company obtains an investigative consumer report on you, you may inspect or obtain a copy of your file and certain other information that is maintained by the reporting agency. In addition to making your file available for your inspection, the agency will identify the recipients of any investigative consumer report on you that the agency has furnished for employment, insurance, or any other purpose within the three-year period preceding your request, and the

dates, original payees, and amounts of any checks or charges upon which any adverse characterization of you that may be included in your file is based.

During normal business hours and on reasonable notice, the agency will make your file and other information available to you as follows:

- (1) In person, if you appear in person and furnish proper identification. A copy of your file will also be available to you for a fee not to exceed the costs of duplication.
- (2) By certified mail, if you make a written request, with proper identification, for copies to be sent to a specified addressee but, in complying with such a request, the agency will not be liable for disclosures to third parties that may be caused by mishandling of mail after such mailings leave the reporting agency.
- (3) The agency will provide a summary of all information contained in your file which the agency is required to provide to you, by telephone, if, with proper identification, you have made a written request for telephone disclosure, and you have prepaid, or had charged directly to you, any toll charge for the telephone call.

"Proper identification" as used above means that information generally deemed sufficient to identify a person, including documents such as a valid driver's license, social security account number, military identification card, and credit cards. You may be accompanied by one other person of your choosing who shall furnish reasonable identification. The agency may require you to furnish a written statement granting the agency permission to discuss your file in such person's presence.

Thee agency will provide trained personnel to explain to you any information the agency provides to you, and will provide a written explanation of any coded information contained in your files.

Consent and Acknowledgement

By signing the Fair Credit Reporting Act Consumer Disclosure and General Authorization of Report for Employment Purposes, I have authorized the Company to obtain a consumer report, or an investigative consumer report, on me.

This is to confirm that I have read, and hereby acknowledge receipt of, the information set forth above concerning my rights under the laws of California.

Applicant's Signature

Today's Date

Applicant's Name Printed

Pre-Screening Notice and Certification Request for the Work Opportunity Credit

► Information about Form 8850 and its separate instructions is at www.irs.gov/form8850.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name _____ Social security number ► _____

Street address where you live _____

City or town, state, and ZIP code _____

County _____ Telephone number _____

If you are under age 40, enter your date of birth (month, day, year) _____

- 1 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.

- 2 Check here if **any** of the following statements apply to you.
 - I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
 - a. Received SNAP benefits (food stamps) for the past 6 months; **or**
 - b. Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
 - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.

- 3 Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.

- 4 Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.

- 5 Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.

- 6 Check here if you are a member of a family that:
 - Received TANF payments for at least the past 18 months; **or**
 - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years; **or**
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

- 7 Check here if you are in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ► _____

Date _____

For Employer's Use Only

Employer's name _____ Telephone no. _____ EIN ▶ _____

Street address _____

City or town, state, and ZIP code _____

Person to contact, if different from above _____ Telephone no. _____

Street address _____

City or town, state, and ZIP code _____

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under Members of Targeted Groups in the separate instructions), enter that group number (4 or 6) ▶ _____

Date applicant:
Gave information _____ Was offered job _____ Was hired _____ Started job _____

Under penalties of perjury, I declare that the applicant provided the information on this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group. I hereby request a certification that the individual is a member of a targeted group.

Employer's signature ▶ _____ Title _____ Date _____

Privacy Act and Paperwork Reduction Act Notice

Section references are to the Internal Revenue Code. Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's federal tax return. Completion of this form is voluntary and may assist members of targeted groups in securing employment. Routine uses of this form include giving it to the state workforce agency (SWA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group. This form may also be given to the Internal Revenue Service for administration of the Internal Revenue laws, to the Department of Justice for civil and

criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

- Recordkeeping . . . 6 hr., 27 min.
Learning about the law or the form 24 min.
Preparing and sending this form to the SWA 31 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can send us comments from www.irs.gov/formspubs. Click on "More Information" and then on "Give us feedback." Or you can send your comments to:

Internal Revenue Service
Tax Forms and Publications
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send this form to this address. Instead, see When and Where To File in the separate instructions.