

Affidavit and Pre-employment Inquiry Release

PLEASE READ CAREFULLY BEFORE SIGNING the Affidavit and Pre-employment Inquiry Release. This application will be considered active for 30 days from the date filed. If you are hired, it becomes part of your employment record.

I certify that all information given on this application and any accompanying documents is true, complete and correct to the best of my knowledge and belief and is made in good faith.

In connection with my employment with LIFESPIRE OF VIRGINIA, I understand that investigative background inquiries are to be made of myself including Criminal, Driving, Schools and other Reports. These reports will include information as to my character, work habits, performance and experience along with reasons for termination and of past employment from previous employers. Further, I understand that information from various Federal, State and other agencies which maintain records concerning my past activities relating to my Driving, Criminal, Civil and other experiences as well as claims involving me in the files of insurance companies will be requested.

I authorize all schools which I attended and all previous employers to furnish to LIFESPIRE OF VIRGINIA, or their agent, my record, reason for leaving and all information they may have concerning me, and hereby release them and LIFESPIRE OF VIRGINIA, from all liability for any damage whatsoever.

By signing this application, I authorize the Company to make investigation and indicate my awareness that false statements or failures to disclose certain information may be sufficient to disqualify me for employment, or if employed, may result in my dismissal.

I understand that proof of identity and work authorization will be required upon employment in accordance with federal regulations. In the event of my employment by LIFESPIRE OF VIRGINIA, I agree to abide by all present and subsequently issued rules of LIFESPIRE OF VIRGINIA.

I also understand that if employed by LIFESPIRE OF VIRGINIA, any claim or lawsuit relating to my service must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

I understand that my employment is at will and that either party is free to terminate the employment relationship at any time without cause. Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time, or other company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of LIFESPIRE OF VIRGINIA, or otherwise change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Executive Director of the Company.

Print Full Name: _____

Applicants Signature: _____

Date: _____