



lifetimeserenity
ASSISTED LIVING

Lifetime Serenity Employment Application

Your Contact Information

First Name

Last Name

E-mail Address

Phone

Address

Gender

Birth date:

Marital Status

Ethnic Group

Citizenship

Highest Education:

Are you a full time student?

Yes

No

Were you ever in the military?

Yes

No

If you were in the military, please explain:

Are you a disabled vet?

Yes

No

Are you disabled?

Yes

No

Are you a regular or temporary hire?

Will you be working FT or PT?

Tax Information

Federal Tax Status

Are you exempt from Federal Tax?

Single

Yes

Married

No

Federal tax withholding allowances (if any)

Additional amount withheld

License Information

License State

License Number

License Type

License Issue
Date

Expiration Date

Unrestricted

Pending

Restricted
scope

Schedule

References

First Name

Last Name

E-mail Address

Phone

First Name

Last Name

E-mail Address

Phone

First Name

Last Name

E-mail Address

Phone

What are your salary requirements?

Are you willing to relocate?

Yes

No

When can you start?