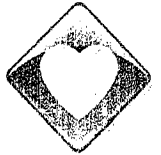


CALLAWAY GOOD LIFE CENTER, INC.

Employment Application



APPLICANT INFORMATION

Last Name _____ First _____ M.I. _____ Date _____
Street Address _____ Apartment/Unit # _____
City _____ State _____ ZIP _____
Phone _____ E-mail Address _____
Date Available _____ Social Security No. _____ Desired Salary _____
Position Applied for _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO
Have you ever worked for this company? YES NO If so, when? _____
Have you ever been convicted of a felony? YES NO If yes, explain _____

EDUCATION

High School _____ Address _____
From _____ To _____ Did you graduate? YES NO Degree _____
College _____ Address _____
From _____ To _____ Did you graduate? YES NO Degree _____
Other _____ Address _____
From _____ To _____ Did you graduate? YES NO Degree _____

REFERENCES

Please list three professional references.

Full Name _____ Relationship _____
Company _____ Phone () _____
Address _____

Full Name _____ Relationship _____
Company _____ Phone () _____
Address _____

Full Name _____ Relationship _____
Company _____ Phone () _____
Address _____

PREVIOUS EMPLOYMENT

Company Phone ()
Address Supervisor
Job Title Starting Salary \$ Ending Salary \$
Responsibilities
From To Reason for Leaving
May we contact your previous supervisor for a reference? YES NO

Company Phone ()
Address Supervisor
Job Title Starting Salary \$ Ending Salary \$
Responsibilities
From To Reason for Leaving
May we contact your previous supervisor for a reference? YES NO

Company Phone ()
Address Supervisor
Job Title Starting Salary \$ Ending Salary \$
Responsibilities
From To Reason for Leaving
May we contact your previous supervisor for a reference? YES NO

MILITARY SERVICE

Branch From To
Rank at Discharge Type of Discharge
If other than honorable, explain

PROFESSIONAL LICENSED OR CERTIFIED PERSONNEL

License #: Are you registered in Nebraska? Yes
If not Nebraska registered, have you applied for reciprocity? Yes Type of Discharge
If other than honorable, explain

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date

PLEASE READ AND SIGN BELOW:

I CERTIFY AND AGREE AS FOLLOWS:

That this application will remain active for 30 days. If I would like to be considered for employment after 30 days, I will need to complete a new application.

That evidence of false statements or incomplete information on this application will be considered sufficient cause for immediate discharge if already employed.

That nothing contained in this application or in the interview process is intended to create an employment contract between Callaway Good Life Center and myself. I understand that I have the right to terminate my employment at any time with or without notice or reason and that Callaway Good Life Center retains a similar right.

If selected, I will obtain an employment physical or screening, performed by a qualified staff member of Callaway Good Life Center or paid for by Callaway Good Life Center. If a screening is done at Callaway Good Life Center and the qualified staff member feels it is necessary for me to see a physician for further testing, Callaway Good Life Center will pay for that visit and the physician must certify that I am able to work before I actually begin my employment.

If my job requires certification and/or education requirement, I am willing to complete the course and testing in a timely manner.

I understand that Callaway Good Life Center is an Equal Opportunity Employer. All qualified persons are welcome to submit applications for employment. Applicants will be selected solely on qualification, without regard to race, color, creed, national origin, sex, pregnancy, genetics, disability, age, religion, marital status, or ancestry.

SIGNATURE: _____

DATE: _____

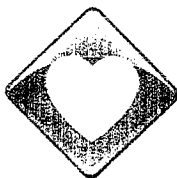
REFERENCE CHECK

I consent to having Callaway Good Life Center contact anyone that it deems appropriate to investigate or verify any information I have given or to discuss my background, past performance, or suitability for employment. I further consent to being discussed by any person so contacted and I wave all rights to bring any action for defamation, invasion of privacy, or any similar cause against anyone contacted as a result of what he or she may say about me. I also understand that Callaway Good Life Center will check to determine if there is a history of past abuse of any residents.

I authorize Callaway Good Life Center to release specific employment information to places where I have filed an employment application, whether during or after my employment with Callaway Good Life Center.

SIGNATURE: _____

DATE: _____



Callaway Good Life Center, Inc.

PO Box 250
600 W. Kimball St.
Callaway, NE 68825
Phone (308) 836-2267
Fax (308) 836-2269