

## **APPLICANT STATEMENT**

1. I hereby certify that all responses set forth during my employment application process are true and complete. I understand and agree that any falsification, misrepresentation, or omission either on the employment application form or in my responses to questions asked during the interviewing or examination process may disqualify me from further consideration for employment, or if employed by LifeSpan, Inc. ("LifeSpan"), will subject me to immediate termination, whenever the falsification or omission is discovered. In this regard, where an item is left blank on the employment application, it is because there is no information within its scope.

2. My signature authorizes LifeSpan or their authorized agents to conduct a thorough investigation of all statements, written and oral, made by me during the employment application process, including without limitation, information concerning my employment positions, law enforcement record, driving record, and educational background. I hereby authorize all persons, companies or other entities connected with any such informational request, including without limitation, current or prior employers and law enforcement agencies to provide any and all information they may have regarding me or my employment. I release and agree to indemnify LifeSpan, their authorized agents, and their employees, and all other persons, companies, and other entities from any and all liability arising out of such investigation, including without limitation, any liability for furnishing information or for taking any action based on the information provided.

3. I understand that a drug and/or alcohol screen may be required before and during my employment. In addition, I authorize a medical examination, including a drug and/or alcohol screen, by an examiner selected by LifeSpan if I am made a contingent offer of employment. I release and agree to indemnify LifeSpan, their authorized agents, and their employees, and all other persons, companies, and other entities from any and all liability arising out of any medical examination or drug/alcohol screen or for the taking of any action based on the results of any medical examination or drug/alcohol screen.

4. I agree and consent that LifeSpan may inspect any LifeSpan property at any time and for any reason, without notice. This property includes, without limitation, work stations, computers, offices, desks, lockers, voice mail, and filing cabinets. Additionally, I agree and consent that any personal items I bring onto LifeSpan's premises are subject to inspection at any time and for any reason, without prior notice.

5. I certify that I am a citizen of the United States, or, if not, I can provide required documentation permitting me to work in the United States.

6. I understand and agree if I am employed by LifeSpan, my employment is at-will so that I may terminate my employment at any time and for any or no reason. Likewise, LifeSpan can terminate my employment at any time and for any or no reason. I also understand and agree that nothing contained in LifeSpan's employment application or in the granting or conducting of an interview or anything set forth in any oral or written statement, communication, or policy now or in the future constitutes or creates or is intended to constitute or to create a contract or promise between me and LifeSpan for employment, hours of work, or for the providing of benefits. Moreover, I acknowledge that LifeSpan may modify, revoke, suspend, terminate, or change any or all of its plans, policies, or procedures at any time, without prior notice. No promises or guarantees regarding employment, hours of work, or for the providing of benefits have been made to me. I further understand and agree that no such promise or guarantee is binding on LifeSpan unless it is in writing, signed by me and the Chief Executive Officer, and that document states that the employment relationship is not "at-will" and details the specific promise or guarantee.

7. **READ CAREFULLY BEFORE SIGNING.** In consideration of LifeSpan's review of my application, I knowingly agree and understand that any claim or lawsuit arising out of my application for employment with, my employment with, or subsequent separation from LifeSpan, must be filed no more than one hundred and eighty (180) calendar days after the date the employment action that is the subject of the claim or lawsuit. While I understand that the statute of limitations for claims or actions arising out of an employment action may be longer than one hundred and eighty (180) calendar days, I agree to be bound by the one hundred and eighty (180) calendar day period of limitations set forth herein, and I waive any STATUTE OF LIMITATIONS TO THE CONTRARY.

I have read and understand the contents of this employment application and am fully able and competent to complete it.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

S:LifeSpan:Orientation Forms: applicationformnew2006  
3/2006 **Revised: 3/13/06**