



Please Print

APPLICATION FOR EMPLOYMENT

Position (s) applied for _____ Date of Application ___/___/___

Name: _____
(Last) (First) (MI)

Please provide any name change, use of an assumed name or nickname necessary to verify your work, education or other records: _____

Address: _____
Street City State Zip

Phone number: _____ Mobile/Beeper/Other Phone#(____) _____

Social Security # _____

How did you learn of this job opportunity? Advertisement Internal Posting School Walk-in

Employee Referral Employment Agency Other (please specify) _____

Are you applying for: Full-Time Part-Time Casual/ On-call Temporary Seasonal

Have you submitted an application here before? Yes No When: _____

Have you ever been employed here before? Yes No
If yes, give dates and position From ___/___/___ To ___/___/___ Position _____

Are you legally eligible for employment in this country? Yes No

Date available for work ___/___/___ What is your desired salary range? \$ _____

What Shifts can you work? Days Evenings Nights Weekends Holidays

Days Available:

Sun. ___ Mon. ___ Tues. ___ Wed. ___ Th. ___ Fri. ___ Sat. ___

Total Hours Available: _____ Hours Available: from _____ to _____

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Yes No
If yes, Please provide date(s) and details _____

Answering "yes" to these questions does not constitute an automatic bar to employment, factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

EMPLOYMENT HISTORY: PLEASE LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE LAST ONE FIRST. A RESUME MAY BE ATTACHED TO SUPPLEMENT INFORMATION.

Name of Employer		Address	City	State	Area Code/ Telephone
Date Started	Starting Salary/Wage		Job Title (please note if any promotions were made)		
	\$	Per Hr/Yr			
Date Ended	Ending Salary/Wage		May we contact this employer prior to an offer?		
	\$	Per Hr/Yr	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Name and Title of Supervisor			Reason for Leaving		
Brief Description of your responsibilities (include supervisory responsibilities if applicable)					

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Date Started	Starting Salary/Wage		Job Title (please note if any promotions were made)		
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	\$	Per Hr/Yr			
Date Ended	Ending Salary/Wage		May we contact this employer prior to an offer?		
	\$	Per Hr/Yr	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Name and Title of Supervisor			Reason for Leaving		
Brief Description of your responsibilities (include supervisory responsibilities if applicable)					

SKILLS AND QUALIFICATIONS

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying: _____

EDUCATIONAL BACKGROUND

List last three schools attended, starting with the last one.

School	Number of Years Attended	Degree Diploma	GPA Class Rank	Course of Study/Degree
List subjects of special study, research work or training.			List honor societies and academic recognition	

IF LICENSED, REGISTERED OR CERTIFIED PLEASE COMPLETE THE FOLLOWING:

Type: _____ State Issued _____ Date: _____
 No. _____

List Pending: _____ Expected date of completion. _____

REFERENCES:

References: (school, work, community relations)

List three non-relatives we may contact regarding your qualifications and work habits.

1. Name: _____
 Tel. () _____ Years Acquainted: _____

2. Name: _____
 Tel. () _____ Years Acquainted: _____

3. Name: _____
 Tel. () _____ Years Acquainted: _____

Application Statement:

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of the application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all the information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time with or without cause and without notice, except as required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the company's owner.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement

Signature of Applicant _____ Date ____/____/____

Grace Senior Services, Inc. is an Affirmative Action/Equal Opportunity Employer. We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

Send signed application to:

**Grace Senior Services, Inc.
118 Raven Court
Mankato, MN 56001**