



# EMPLOYMENT APPLICATION

Name:

(Last)

(First)

(M.I.)

Date:

DD / MM / YYYY

SSN:

Street Address:

Phone:

City / State / Zip

E-Mail:

Are you 18 years of age? Yes No

DOB:

DD / MM / YYYY

Are you lawfully permitted to work in this country? Yes No

List any other name(s) you have used to assist us in checking your references and background:

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How were you referred to Always In Grace?

Have you ever been convicted of a crime? Yes No

If yes, please explain:

Position for which you are applying:

## Certifications:

CNA Cert No.

GNA Cert No.

Medication Technician Cert No.

Date available for employment:

DD / MM / YYYY

Salary Desired:

Do you have reliable transportation? Yes No

**NOTE TO APPLICANTS: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without reasonable accommodation, the activities involved in the job or occupation for which you have applied? Yes No

A review of the activities involved in such a job or occupation has been given. Yes No

## **EDUCATION**

Type of School	Name & Address of School	Courses of Major Study	Last Year Completed	Graduate? Degree Received?
High School			1 2 3 4	___Yes ___No ___Degree
College / University			1 2 3 4	___Yes ___No ___Degree ___Cert.
Technical School			1 2 3 4	___Yes ___No ___Degree ___Cert.

## **EMPLOYMENT HISTORY**

### **Most Recent Employer**

Are you currently working for this employer? Yes \_\_\_ No If Yes, may we contact? Yes \_\_\_ No

Company Name City State Zip Phone

Dates Employed: From to  
MM / YYYY MM / YYYY Job Title Supervisor Name

Duties:

\$ per  
Salary (Hour/Week/ Month) Reason for Leaving

### **Second Most Recent Employer**

Company Name City State Zip Phone

Dates Employed: From to  
MM / YYYY MM / YYYY Job Title Supervisor Name

Duties:

\$ per  
Salary (Hour/Week/ Month) Reason for Leaving

## **REFERENCES**

**Please list three (3) references who have known you for at least one (1) year.**

<b>Name (First / Last)</b>	<b>Title</b>	<b>Company &amp; Location</b>	<b>Phone</b>	<b>Relationship to You</b>
<b>1.</b>				
<b>2.</b>				
<b>3.</b>				

If hired, I agree to conform to the rules and regulations of *Always In Grace*. I understand that no management representative has any authority to enter into an agreement for employment for a specific period, and that my employment is at will and may be terminated at any time at the option of *Always In Grace* (AIG) or myself.

I hereby authorize *Always In Grace* to conduct an investigation concerning all statements contained in my application for employment, to interview all employers and conduct any other investigation that it deems appropriate. I request any duly constituted law enforcement agency or judicial officer to furnish AIG with all information pertaining to me concerning expunged (erased) convictions and I hereby release *Always In Grace* and any law enforcement agency, judicial or other individual from any liability arising from disclosure of such information pertaining to me which is obtained during said investigation. I understand that if a background check report is requested, I have the right under the Fair Credit Reporting Act to request in writing, within a reasonable amount of time, a complete and accurate disclosure of the nature and scope of the investigation.

I hereby affirm that my statements and answers to all questions on this application are true and correct, and that I have not knowingly withheld any fact or circumstance which, if disclosed, would affect my application unfavorably. I understand that if employed, any misstatement or omission of fact on this application may result in immediate dismissal.

Applicant Signature

Date (DD/MM/YYYY)

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100.00.

Applicant Signature


Date (DD/MM/YYYY)

## **AUTHORIZATION TO OBTAIN BACKGROUND REPORT**

The Federal Fair Credit Reporting Act requires employers to inform current or prospective employees that the employer may obtain a background report about that individual for employment purposes.

*Always In Grace* is hereby informing you that, in connection with your application for employment, it may obtain a criminal background report about you. The information gained from this report will not be used in violation of any applicable federal or state equal opportunity law.

Your signature below authorizes *Always In Grace* to obtain such reports from Tenant Background Search.

- *NOTE: To sign this application, select the ink pen  from the top menu bar.*
- *Select 'Add Signature' then select 'Type'.*
- *Type your Name as your signature. (This converts your typed Name to a Signature).*
- *Drag your Signature to the appropriate field. Repeat for all required signature fields.*

Applicant Signature

Date (DD/MM/YYYY)

Witness Signature

Date (DD/MM/YYYY)

OR

*To save your application and submit later.*

- *Select File then Save As.*
- *Enter the file name: "Your Name\_AIG Application.pdf" (Example: MarySmith\_AIG Application.pdf ) Make note of the saved file location.*
- ***Or** Print your completed application, obtain all signatures, scan and save as "Your Name\_AIG Application.pdf", upload to submit on line.*
- *Once application and signatures are completed, submit your application using the 'SUBMIT APPLICATION' button **OR***
- ***EMail your Always In Grace Assisted Living Employment Application to: [pwedenko@aol.com](mailto:pwedenko@aol.com)***
- *Completed Always In Grace Employment Applications with signatures may also be mailed to:*

Always In Grace Assisted Living  
Attn: Pat Wedenko  
806 S. Union Avenue  
Havre de Grace, Maryland 21078

***Thank You for your interest in joining our team ~ Always In Grace Assisted Living***