

Applicant Information

Full Name:					Date		
	Last	First		М.І.			
Address:							
	Street Address					Apartment/Unit #	
	City			State	9	ZIP Code	
			- "				
Phone:			Email				
Date Available: Social Security No.:				Desired Salary: <u>\$</u>			
Position App	blied for:						
Are you a ci	tizen of the United States'	YES NO	lf no, are y	ou authorized	to work in th	YES NO ne U.S.?	
Have you ev	ver worked for this compar	YES NO NY? □ □	If yes, whe	n?			
YES NO Have you ever been convicted of a felony? I I 							
lf yes, expla	in:						
Educatio	n						
High School: Address:							
From:	To:	_ Did you graduate?	YES N				
College:		Address:					
From:	То:	_ Did you graduate?	YES N				
Other:		Address:					
From:	То:	Did you graduate?	YES N				
Referen	ces						
	three professional refere	ences.					
				Rel	ationship:		
_							
Company:							
					·		
Full Name:				Rel	ationship:		

Employment Application



Company:		Phone:			
Full Name:		Relationship:			
•		-			
Previous	Employment				
Company:		Phone:			
Address:		Supervisor:			
Job Title:	Starting Salary: <u>\$</u>	Ending Salary: <u>\$</u>			
Responsibil	ities:				
From:					
	YES NO				
May we con	tact your previous supervisor for a reference?				
Company:		Phone:			
Address:					
Job Title:	Starting Salary: <u>\$</u>	Ending Salary: <u>\$</u>			
Responsibil	ities:				
From:		ng:			
	YES NO				
May we con	tact your previous supervisor for a reference?				
Company:		Phone:			
Address:		Cum an da an			
Job Title:	Starting Salary:	Ending Salary: <u>\$</u>			
Responsibil	ities:				
From:		ng:			
May we con	TES NO				

Employment Application



Military Service

Branch:	From:	То:	
Rank at Discharge:	Type of Discharge:		

If other than honorable, explain:

If you have worked in residential care services explain your experience. If you have not, what experience do you have that may be relevant.

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:_____



Background Check Authorization

Employee Misconduct Registry I Medication Aide Registry I Nurse Aide Registry List of Excluded Individuals/Entities Search

Full Legal Name: ______

Social Security: _____ Date of Birth: _____

, acknowledge Gracious Community Homes to Ι, conduct the following background checks on me: List of Excluded Individuals/Entities, Employee Misconduct Registry, Medication Aide Registry, and Nurse Aid Registry.

I understand that continued employment with Gracious Community Homes is contingent upon clear background checks and that these checks will occur annually (or more often if determined as needed by the agency), while I am employed/contracted through this agency.

I understand that all results will be kept confidential and will be used for employment purposes only.

Employee/Contractor Signature

Date