



Granite House, Inc.
2114 Stagecoach Trail N.
Stillwater, MN 55082

If you are mailing an application, send to the site address. Email applications should go to amber@granitehousemn.org.

EMPLOYMENT APPLICATION FOR CAREGIVER POSITION: PLEASE PRINT OR TYPE

TODAY'S DATE			
ARE YOU SEEKING: FULL -TIME () PART-TIME () WHEN COULD YOU START WORK?			
NAME:	FIRST	MIDDLE	LAST
PRESENT STREET ADDRESS:	CITY	STATE	ZIP
CONTACT EMAIL	PHONE	HOME/MOBILE?	MAY WE TEXT YOU? Yes No
ARE YOU 18 YEARS OF AGE OR OLDER? Yes <input type="checkbox"/> No <input type="checkbox"/> (If you are hired, you may be required to submit proof of age)			
SOCIAL SECURITY #: _____ - _____ - _____ If hired, can you furnish proof you are eligible to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>			

EDUCATION

HIGH SCHOOL NAME OR GED:	CITY, STATE	# OF YEARS COMPLETED	CERTIFICATE/DIPLOMA RECEIVED
COLLEGE OR UNIVERSITY:	CITY, STATE	# OF YEARS COMPLETED	CERTIFICATE/DIPLOMA RECEIVED
VOCATIONAL OR TECHNICAL:	CITY, STATE	# OF YEARS COMPLETED	CERTIFICATE/DIPLOMA RECEIVED
OTHER EDUCATION			

EMPLOYMENT HISTORY List names of employers in order with present or last employer listed first.

NAME OF EMPLOYER	DATES OF EMPLOYMENT: FROM TO (Month and Year)
ADDRESS	JOB TITLE
CITY, STATE, ZIP CODE	JOB DUTIES
SUPERVISOR	PAY: START \$ FINAL \$
PHONE OR E-MAIL	REASON FOR LEAVING

NAME OF EMPLOYER	DATES OF EMPLOYMENT: FROM TO (Month and Year)
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PATIENT AND MEDICAL TRAINING

CERTIFIED NURSING ASSISTANT	TRAINING LOCATION	INITIAL CERTIFICATE YEAR	LAST RENEWAL
PCA/DSP TRAINING			
MEDICAL ASSISTANT			
OTHER SKILLS OR TRAINING RELATED TO THIS POSITION			

TRANSPORTATION

You may need to drive the Granite House van for resident transportation. Granite House will not hire any applicants who have a record of excessive moving violations within the past three years. Final determination will be made by the management team. Do you have a valid driver's license? Yes No State of issue _____

REFERENCES

Give three references, not relatives or former employers, and your connection to them.

NAME	COMPANY OR ASSOCIATION	PHONE NUMBER
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EMPLOYEE AVAILABILITY Please provide the following information on your availability to work

How many hours are you willing to work per week? _____

Please Check (x) the Day and Time of Week You Are Available

	SUN	MON	TUE	WED	THUR	FRI	SAT
6:00 AM							
7:00 AM							
8:00 AM							
9:00 AM							
10:00 AM							
11:00 AM							
12:00 PM							
1:00 PM							
2:00 PM							
3:00 PM							
4:00 PM							
5:00 PM							
6:00 PM							
7:00 PM							
8:00 PM							
9:00 PM							
10:00 PM							
11:00 PM							
Overnight Awake							
Overnight Asleep							

Granite House does not discriminate on the basis of age, race, sex, color, religion, national origin, disability, or any other applicable status protected by local, state or federal law. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.