

## Grace Assisted Living Employment Application

Last Name	First Name	Middle Initial
Mailing Address	City	State
		Zip Code
Home Phone	Cell Phone	Work/Message Phone

**I am seeking employment opportunities at the following locations:**

\_\_\_ Boise (Allumbaugh) \_\_\_ Boise ( State St) \_\_\_ Meridian \_\_\_ Nampa \_\_\_ Twin Falls

**I am seeking employment in the following department(s) / position(s):**

\_\_\_ Nursing/Caregiver \_\_\_ Kitchen/Cook \_\_\_ Kitchen/Dishwasher  
 \_\_\_ Nursing/LPN or RN \_\_\_ Housekeeping \_\_\_ Laundry  
 \_\_\_ Office/Office Support \_\_\_ Office/Admin \_\_\_ Activities \_\_\_ Maintenance

**I am accepting (check all that apply):**

\_\_\_ Day shift (6:00 am to 2:00 pm) \_\_\_ Evening shift (2:00 pm to 10:00 pm)  
 \_\_\_ Night shift (10:00 pm to 6:00 am) \_\_\_ On-Call (Available to work Day: \_\_\_ Swing: \_\_\_ Noc: \_\_\_)  
 \_\_\_ f/t employment (> 32 hrs/wk) \_\_\_ p/t employment (< 32 hrs/wk)

Hours listed for shift work are for caregiver position only. All other working hours depend on the department and position. All hours listed for shift work are subject to change at any time with or without notice.

**Certifications: (check all that apply)**

\_\_\_ Med Certification \_\_\_ CPR \_\_\_ First Aid \_\_\_ Food Handler's License  
 \_\_\_ CNA License \_\_\_ RN/LPN License, license # \_\_\_\_\_  
 \_\_\_ RCA license, license # \_\_\_\_\_ Other \_\_\_\_\_  
 \_\_\_ Background check through Health and Welfare (last 3 years)

**Education**

1. Name of school \_\_\_\_\_ Location \_\_\_\_\_ Graduated Y/N \_\_\_\_\_  
 Field of study \_\_\_\_\_ Type of degree \_\_\_\_\_
2. Name of school \_\_\_\_\_ Location \_\_\_\_\_ Graduated Y/N \_\_\_\_\_  
 Field of study \_\_\_\_\_ Type of degree \_\_\_\_\_

**Questions**

Over 18 years of age \_\_\_ Authorized to work in the US \_\_\_ other names \_\_\_\_\_  
 Convicted of a felony \_\_\_ Explain \_\_\_\_\_  
 Discharged from a position \_\_\_ Explain \_\_\_\_\_  
 Are you able to perform all job requirements ? \_\_\_\_\_  
 May we contact your current employer? \_\_\_\_\_  
 What experience/training do you have that has prepared you for this position?

What other skills and qualities do you have that would make you an ideal candidate for this position?

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**Employment History beginning with your present/most recent job**

Employed (month/year) From	To	Salary
Company Name		Phone No
Address	City/State	Supervisor
Position(s) held		
Reason for leaving		

Employed (month/year) From	To	Salary
Company Name		Phone No
Address	City/State	Supervisor
Position(s) held:		
Reason for leaving		

Employed (month/year) From	To	Salary
Company Name		Phone No
Address	City/State	Supervisor
Position(s) held		
Reason for leaving		

Employed (month/year) From	To	Salary
Company Name		Phone No
Address	City/State	Supervisor
Position(s) held		
Reason for leaving		

**References**

Name Phone No Relationship

Name Phone No Relationship

Name Phone No Relationship

How did you find out about us?

By my signature below, I certify that all my answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected, my name removed from consideration for employment, or my employment terminated. I authorize the employer to obtain information from my previous employers including facts and opinions about my work and work habits. All applicants are subject to pass a background check prior to employment. Pre-employment drug testing may be required.

Signature

Date

