

Self-Declaration

I, _____ a resident of the City of _____, State of Idaho and residing at _____, being over the age of 18 and of sound mind and not acting under duress, fraud, or undue influence of any person whomever, do make the following statements: I have/ have not been convicted of or charged with the following offenses: If you mark YES on any please explain.

 Yes No Drug related offense:

 Yes No Alcohol related offense:

 Yes No Sexual Harassment related offense:

 Yes No Physical or mental abuse related offense:

 Yes No Theft related offense:

 Yes No Are you aware of any outstanding warrants:

 Yes No Are you now or have been on probation or parole:

 Yes No Have you been charged or convicted of any other felonies not listed

IMPORTANT – PLEASE READ AND SIGN

The facts set forth in my application for employment are true and complete. I understand that if employed and false statement(s) are found on my application they may result in my dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that my employment is at-will and can be terminated with or without notice, at any time, for any reason, or no reason.

I understand and agree that Grace Assisted Living is a Drug Free environment and that I will be subject to a pre-employment drug test.

I fully understand that all employees are subject to random drug testing after employment.

I fully understand and agree that Grace Assisted Living will complete two types of background checks as required by State law and the Department of Health and Welfare.

- a) A State only background check completed by Idaho State Police, paid for by Grace Assisted Living
- b) Federal Finger Prints as per the Department of Health and Welfare. This background check is the financial responsibility of the employee. The employee has the option of either paying for this background check up front or Grace will pay for it thus resulting in a payroll deduction for the cost. The current cost (subject to change) is \$65.00. If you have a current finger print report on file that is transferable to Grace Assisted Living there is no charge as long as it is within the last 3 years.

As an equal opportunity employer this company's policy, as well as Federal and State Law, prohibits discrimination in employment based on race, color, religion, sex, national origin, physical handicap, or age with respect to individuals who are at least 18 years of age.

As part of this application for employment, I hereby authorize the company to investigate my references and to make an independent investigation on my character, conduct and employment records.

I further agree that failure to reveal any prior employer, or the giving of false or misleading information by me will be grounds for termination of my employment.

Signature: _____

Date: _____