

# Application For Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

PLEASE PRINT

Position(s) Applied For:	Date of Application
How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-in <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____	

Last Name	First Name	Middle Name
Address	Number	Street
	City	State
		Zip Code
Telephone Number(s)	Social Security Number	

If you are under 18 years of age, can you provide required proof of your eligibility to work?  YES  NO

Have you ever filed an application with us before?  YES  NO

If yes, give date: \_\_\_\_\_

Have you ever been employed with us before?  YES  NO

If yes, give date: \_\_\_\_\_

Are you currently employed?  YES  NO

May we contact your present employer?  YES  NO

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  YES  NO

*Proof of citizenship or immigration status will be required upon employment.*

On what date would you be available for work? \_\_\_\_\_

Are you available to work:     Full-time       Part-time       Shift Work       Temporary

Are you currently on "lay-off" status and subject to recall?  YES  NO

Can you travel if a job requires it?  YES  NO

Have you pleaded guilty to or been convicted of a crime within the last 7 years?  YES  NO

*Conviction will not necessarily disqualify an applicant from employment.*

If yes, please explain: \_\_\_\_\_

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

# Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, handicap or other protected status.

1. Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Phone: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Dates employed: From \_\_\_\_\_ to \_\_\_\_\_ Hourly Rate/Salary: Start \_\_\_\_\_ Final: \_\_\_\_\_  
Work Performed: \_\_\_\_\_

2. Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Phone: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Dates employed: From \_\_\_\_\_ to \_\_\_\_\_ Hourly Rate/Salary: Start \_\_\_\_\_ Final: \_\_\_\_\_  
Work Performed: \_\_\_\_\_

3. Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Phone: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Dates employed: From \_\_\_\_\_ to \_\_\_\_\_ Hourly Rate/Salary: Start \_\_\_\_\_ Final: \_\_\_\_\_  
Work Performed: \_\_\_\_\_

4. Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Phone: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Dates employed: From \_\_\_\_\_ to \_\_\_\_\_ Hourly Rate/Salary: Start \_\_\_\_\_ Final: \_\_\_\_\_  
Work Performed: \_\_\_\_\_

If you need additional space, please continue on a separate sheet of paper.

## Special Skills and Qualifications:

Summarize special job-related skills and qualifications acquired from employment or other experience.

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# Education

	Elementary School					High School				Undergraduate College/University				Graduate Professional			
School Name and Location																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Describe Course of Study																	
Describe any specialized training, apprenticeship, skills and extra-curricular activities																	
Describe any honors you have received																	
State any additional information you feel may be helpful to us in considering your application																	

Indicate any foreign languages you can speak, read, and/or write.			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held.  
*You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status.*

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# References

Give name, address, and telephone number of three references who are not related to you and are not previous employers.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Have you ever had any job-related training in the United States military?  YES  NO

If yes, please describe: \_\_\_\_\_

Are you capable of performing, with reasonable accommodation, the duties involved in the job for which you have applied?  YES  NO

# Applicant's Release Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Grace Village is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview:  YES  NO

Remarks: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Interviewer

\_\_\_\_\_  
Date

Employed:  YES  NO

Date of Employment: \_\_\_\_\_

Job Title: \_\_\_\_\_

Department: \_\_\_\_\_

Hourly Rate/Salary: \_\_\_\_\_

By: \_\_\_\_\_

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Date

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# GRACE VILLAGE RETIREMENT COMMUNITY

337 Grace Village Dr.  
Winona Lake, IN 46590  
(574) 372-6200  
(800) 892-5125

### Applicant Reference Check

To: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Attn: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

The individual named below is applying for a position with Grace Village and has listed you as a previous/current employer. To thoroughly screen applicants, we would appreciate a quick response. This information will be kept in strict confidence. Thank you for your assistance.

### Applicant Release

Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Position Held: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Dates Employed From: \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_

I hereby release from all liability the company or person completing this form, and authorize them to release all information regarding my employment with them.

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

### Information Needed

Confirmation of applicant's dates of employment: \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_

Confirmation of position: \_\_\_\_\_

General Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Title: \_\_\_\_\_