

# GRACE MANOR LLC

## Employment Application



**Date:**

|                           |              |   |                               |
|---------------------------|--------------|---|-------------------------------|
| <b>Last Name</b>          | <b>First</b> | <b>Middle</b>                                   | <b>Social Security Number</b> |
| <b>Permanent Address:</b> |              | <b>For how long? Years: _____ Months: _____</b> |                               |
| Street Address. Apt#      |              | <b>Phone Numbers</b>                            |                               |
| City, State, Zip          |              |   |                               |
| <b>Previous Address:</b>  |              | <b>For how long? Years: _____ Months: _____</b> |                               |
| Street Address: Apt#:     |              | <b>Emergency Contact</b>                        |                               |
| City, State, Zip          |              |   |                               |

Have you worked here previously?  YES  NO If YES, when?

List any friends or relatives working here now or previously, with current phone numbers:

|                           |                |                               |
|---------------------------|----------------|-------------------------------|
| Position you are seeking: | Expected wage: | Available to begin work when? |
|---------------------------|----------------|-------------------------------|

|  |  |
|--|--|
| Work Hours preferred (write in shift/other times): _____ to _____<br><input type="checkbox"/> Full Time: <input type="checkbox"/> Day shift <input type="checkbox"/> Eve. shift <input type="checkbox"/> Night shift <input type="checkbox"/> 12-hr shift <input type="checkbox"/> 24-hr shift<br><input type="checkbox"/> Part Time (note specific days): <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun | Will you work overtime if asked? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>Are you interested in double shifts as part of a 40-hour week? <input type="checkbox"/> YES <input type="checkbox"/> NO |
|--|--|

Are you a U.S. citizen or otherwise eligible for employment under the Department of Justice Immigration and Naturalization Service Requirements?  YES  NO

Have you been convicted of a felony crime in the past 7 years?  YES  NO  
 If YES, give date and explanation:

All employees of Adult Family Homes in the State of Washington must pass a criminal background inquiry. Is there anything that will negatively impact the result of this inquiry?  YES  NO If YES, explain:

Are you prevented from doing certain types of work due to serious injury / illness / physical challenges?  YES  NO  
 If YES, explain any conditions which prevent you from performing essential job functions:

**Certification and Training (check all that apply)**

|   |   |
|---|---|
| <input type="checkbox"/> CNA expiration date: _____                 | <input type="checkbox"/> Food Handler Card expiration date: _____                                   |
| <input type="checkbox"/> HCA expiration date: _____                 | <input type="checkbox"/> Latest TB Test date 1): _____ date 2): _____                               |
| <input type="checkbox"/> CPR expiration date: _____                 | <input type="checkbox"/> Nurse Delegation <input type="checkbox"/> Mental Health Specialty Training |
| <input type="checkbox"/> 1 <sup>st</sup> Aid expiration date: _____ | <input type="checkbox"/> Basic "Core" Caregiver Training <input type="checkbox"/> Other             |
| <input type="checkbox"/> RN expiration date: _____                  | <input type="checkbox"/> Dementia Specialty Training <input type="checkbox"/> Other                 |
| <input type="checkbox"/> LPN expiration date: _____                 | <input type="checkbox"/> Developmentally Disabled Specialty Training                                |

**Other Training/Certifications/Skills Pertinent to Adult Family Home Employment**

| Description | Name/location of school | Date completed |
|-------------|-------------------------|----------------|
|             |                         |                |
|             |                         |                |
|             |                         |                |

# GRACE MANOR LLC

| EDUCATION  |                   |                 |   |   |                   |
|--|-------------------|-----------------|---|---|-------------------|
|  | NAME and LOCATION | COURSE of STUDY | Years completed   | Did you graduate?   | Degree or Diploma |
| <b>High School</b>   |                   |                 |   | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |                   |
| <b>College</b>   |                   |                 |   | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |                   |
| <b>Business Trade Technical</b>                              |                   |                 |   | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |                   |
| EMPLOYMENT HISTORY (List most recent employer first)         |                   |                 |   |   |                   |
| Company Name (most recent):                                  |                   |                 | Telephone:  |   |                   |
| Address:   |                   |                 | Employed From: (month/year) _____ to: (month/year) _____  |   |                   |
| Name and Title of Supervisor:                                |                   |                 | Starting _____ Ending _____<br>Wage: _____ Wage: _____  |   |                   |
| Job Title and Description of duties:                         |                   |                 | Reason for leaving:<br><br>May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, why? |   |                   |
|  |                   |                 |   |   |                   |
| Company Name:  |                   |                 | Telephone:  |   |                   |
| Address:   |                   |                 | Employed From: (month/year) _____ to: (month/year) _____  |   |                   |
| Name and Title of Supervisor:                                |                   |                 | Starting _____ Ending _____<br>Wage: _____ Wage: _____  |   |                   |
| Job Title and Description of duties:                         |                   |                 | Reason for leaving:<br><br>May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, why? |   |                   |
|  |                   |                 |   |   |                   |
| Company Name:  |                   |                 | Telephone:  |   |                   |
| Address:   |                   |                 | Employed From: (month/year) _____ to: (month/year) _____  |   |                   |
| Name and Title of Supervisor:                                |                   |                 | Starting _____ Ending _____<br>Wage: _____ Wage: _____  |   |                   |
| Job Title and Description of duties:                         |                   |                 | Reason for leaving:<br><br>May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, why? |   |                   |
|  |                   |                 |   |   |                   |
| Please note: Incomplete applications will not be considered. |                   |                 |   |   |                   |

### Applicant's Certification and Agreement

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I authorize the above-named Adult Family Home to make an investigation of any of the facts set forth in this application. I understand that if I am employed, false statements in this application may result in my dismissal. I understand that employment at this company is "at will" which means that either I or the company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis.

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

\_\_\_\_\_  
Date