



Grande Ville

ASSISTED LIVING

Employment Application

All Applicants will be considered for employment without regard to race, color, religion, national origin, gender, sexual orientation, age, marital status, disability or any other status protected by law. We are an Equal Opportunity Employer.

PERSONAL INFORMATION

Date: _____

Name: _____
Last First Middle Initial

Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Email Address: _____ License Plate #: _____

Position Desired _____

Please indicate any special qualifications, skills or certifications for the position(s) you are applying for:

Are you at least 18 years of age? Yes No

Are you legally eligible for permanent employment in the United States? Yes No

Have you ever worked for us before? Yes No – If yes, when? _____

Do you know anyone who is working, or has -worked for us before? Yes No

If yes, employee name: _____ Relationship: _____

Are you available to work: Full-time Part-time

Please state your availability below

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From							
To							

If offered a position at Grande Ville, will you be available to work overtime? Yes No

EDUCATION

Education	Name and Location of School	Course of Study	Years in School	Degree Earned
High School				
College				
Other				

WORK EXPERIENCE *(Please start with current or most recent employer)*

Employer #1: _____ Phone Number: _____

Address: _____

Job Title: _____ Dates Employed: _____ to: _____

Duties: _____

Supervisor's Name and Title: _____

Reason for leaving _____

Employer #2: _____ Phone Number: _____

Address: _____

Job Title: _____ Dates Employed: _____ to: _____

Duties: _____

Supervisor's Name and Title: _____

Reason for leaving _____

Employer #3: _____ Phone Number: _____

Address: _____

Job Title: _____ Dates Employed: _____ to: _____

Duties: _____

Supervisor's Name and Title: _____

Reason for leaving _____

Employer #4: _____ Phone Number: _____

Address: _____

Job Title: _____ Dates Employed: _____ to: _____

Duties: _____

Supervisor's Name and Title: _____

Reason for leaving _____

I authorize investigation of all statements contained in this application and hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete. **I understand that falsification, misrepresentation or omission of any facts in said documents will be grounds for denial of employment or immediate termination of employment regardless of the timing or circumstances of the discovery.** Furthermore, I understand and agree that my employment is for no definite period of time and may be terminated at any time without previous notice, as New York State is an “employment at will” state.

Applicants Name (PRINTED)

Applicants Signature

Date

REFERENCES

Please list 3 employment references

Name: _____ Title: _____

Company: _____ Phone Number: _____

Name: _____ Title: _____

Company: _____ Phone Number: _____

Name: _____ Title: _____

Company: _____ Phone Number: _____

AUTHORIZATION

I understand and agree that part of my evaluation process for employment, Grande Ville will obtain information about previous work-related experience, qualifications, behaviors and character. I, therefore, voluntarily authorize and consent to the disclosure of information and opinions concerning myself by current and past employers.

Applicant Name (Printed) Date

Applicant Signature

FOR INTERNAL USE ONLY:

1) Company Name _____

Title: _____

Dates of Employment: _____

Eligible for Rehire: _____ YES _____ NO

Signature of person giving/receiving reference: _____ Date: _____

2) Company Name _____

Title: _____

Dates of Employment: _____

Eligible for Rehire: _____ YES _____ NO

Signature of person giving/receiving reference: _____ Date: _____

3) Company Name _____

Title: _____

Dates of Employment: _____

Eligible for Rehire: _____ YES _____ NO

Signature of person giving/receiving reference: _____ Date: _____