

**Grafton Oaks Nursing Center
Application for Employment**

Grafton Oaks' policy is to provide equal opportunity to all qualified individuals without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability or veteran status. Grafton Oaks Nursing Center supports a drug-free work environment.

Date _____
Date You Can Start

Name _____
Social Security #

Present Address: Street Apt.# City State Zip

Permanent Address (if different than above)

Telephone Number _____
Driver's License # or State ID #

Have you ever been convicted of a felony? YES NO If YES, please explain _____

Do you have a legal right to work in the United States? YES NO Are you 18 years old or older? YES NO

Position Applying for: _____ Shift Desired _____

Type of employment desired? Full-time Part-time Salary Desired _____

Who referred you to this company? Employment Agency Newspaper Walk-in Other

Please list any friends or relatives working here: _____

Have you ever worked for Grafton Oaks Nursing Center? _____ If yes, when? _____

Education History

| | | | |
|--|-----|---|-----------------|
| High School or GED | GPA | Graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| College | GPA | Graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Major or Degree |
| Graduate School | GPA | Graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Major or Degree |
| Other Education or Training, including Nurse Aide Training | | | |

Please list your last three positions starting with the most recent job, all data must be complete.

Employer _____ Address _____
 Telephone _____ Supervisor _____
 Dates Employed From _____ To _____ Reason for Leaving _____
 Job Title _____ Salary _____

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 Telephone _____ Supervisor _____
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Employer _____ Address _____
 Telephone _____ Supervisor _____
 Dates Employed From _____ To _____ Reason for Leaving _____
 Job Title _____ Salary _____

References (List the names of three individuals that are not related to you that can comment on your job performance and/ or work habits)

| NAME | OCCUPATION | TELEPHONE | YEARS KNOWN |
|------|------------|-----------|-------------|
| | | | |
| | | | |
| | | | |

I certify that the facts set forth in this application for employment are true to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. Grafton Oaks is hereby authorized to make any investigation of my educational, employment, criminal and motor vehicle history.

 Applicant

 Date