

Date: _____

Grand Oak Senior Living Application

Section I: Equal Employment Opportunity Employer

Grand Oak Estates, LLC (For the purposes of this Job Offer will be referred to as "Grand Oak Senior Living") is an equal opportunity employer. It is the policy of this organization not to discriminate on the basis of race, sex, religion, national origin, marital status, age, weight, height, color, disability, genetic information, veteran status or other legally protected status in the hiring, promotion, compensation or discipline of employees.

If you are a person with a disability, you may request any needed reasonable accommodation to participate in the application process or interview process. Michigan law requires that a person with a disability or handicap requiring accommodation for employment must notify the employer in writing within 182 days after the need is known.

Section II: Applicant's Personal Information

Name: _____
(please print) First Middle Initial Last

Present address: _____
(please print) Number Street

City _____ State Zip Code

Phone: Home: (____) _____ - _____ Alternate/Cell: (____) _____ - _____

Social Security Number: XXX-XX-____ (last 4 digits only please)

Are you 18 years of age or older? Yes No

Can you perform the duties of the job for which you are applying with or without accommodation?

Yes No

If no, please explain: _____

Do you have any relatives or a spouse employed by this organization? Yes No

If yes, please provide names: _____

Name and address of a person to be notified in case of an emergency:

_____ First Name Last Name

(____) _____ - _____ (____) _____ - _____
Phone Alternate Phone

Have you ever been convicted of a crime? Yes No
(Answering "yes" to this inquiry will not automatically disqualify you.)

Are there any pending felony charges against you? Yes No
(Answering "yes" to this inquiry will not automatically disqualify you.)

Have you ever worked for this organization in the past? Yes No

If so, did you work under a different name? Yes No

If yes, is any additional information relative to a different name necessary to check your work record?
 Yes No

If yes, please explain: _____

If the position for which you applied requires you to drive while on duty, do you have a valid driver's license?
 Yes No N/A

Section III: Availability and Interests in Work

For which position have you applied: _____

Have you been given a job description for this position? Yes No

Are you interested in full-time or part-time work? Full-time Part-time

On which days and shifts are you available to work?

Mon	_____	<input type="checkbox"/> Morning	<input type="checkbox"/> Evening
Tue	_____	<input type="checkbox"/> Morning	<input type="checkbox"/> Evening
Wed	_____	<input type="checkbox"/> Morning	<input type="checkbox"/> Evening
Thu	_____	<input type="checkbox"/> Morning	<input type="checkbox"/> Evening
Fri	_____	<input type="checkbox"/> Morning	<input type="checkbox"/> Evening
Sat	_____	<input type="checkbox"/> Morning	<input type="checkbox"/> Evening
Sun	_____	<input type="checkbox"/> Morning	<input type="checkbox"/> Evening

On what date are you available to start work? _____

Section IV: Education

High School: _____
Name Street City State

Did you graduate? Yes No

College _____
Name Street City State

Did you graduate? Yes No

If yes, what degree(s) did you obtain? _____

Business or Trade School _____
Name Street City State

Did you graduate? Yes No

If yes, what degree(s) or certificate(s) did you obtain? _____

Professional School

Name _____

Street _____

City _____

State _____

Did you graduate? Yes No

If yes, what degree(s) or certificate(s) did you obtain? _____

Section V: Employment History (Please start with present or most recent employer)

Company Name: _____

Telephone: _____

Address: _____

Employment Dates (month/year)

From: To: _____

Position Title: _____

Hourly Pay

Start: Last: _____

Name of Supervisor: _____

Reason for Leaving: _____

Company Name: _____

Telephone: _____

Address: _____

Employment Dates (month/year)

From: To: _____

Position Title: _____

Hourly Pay

Start: Last: _____

Name of Supervisor: _____

Reason for Leaving: _____

Company Name: _____

Telephone: _____

Address: _____

Employment Dates (month/year)

From: To: _____

Position Title: _____

Hourly Pay

Start: Last: _____

Name of Supervisor: _____

Reason for Leaving: _____

May we contact your current supervisor or manager? Yes No

If no, why? _____

If yes, who should we call? _____
Name Title Phone

Have any of your previous employers served persons funded through a community mental health (CMH) entity? Yes No

If yes, which CMH entities were involved? _____

May we contact the employers and CMH entities that you listed above to determine whether you have ever had a recipient rights violation substantiated against you? Yes No

Section VI: References

Give the name of one (1) **personal reference** from persons not related to you, whom you have known at least one (1) year:

Name: _____

Address: _____

Phone: _____ Years known: _____

Give the names of two (2) **professional references** from supervisors, managers, administrators or executive directors for whom you have worked:

Name: _____

Address: _____

Phone: _____ Years known: _____

Name: _____

Address: _____

Phone: _____ Years known: _____

Section VII: Professional Licenses, Certifications and Credentials

Do you have any of the following licenses or certifications?

Certified Nurse Aid Yes No

If yes, please indicate your license number: _____

Nursing License Yes No

If yes, please indicate your license number: _____

Other job-related licenses, certifications or credentials Yes No

If yes, please provide detail: _____

Section VIII: Consent

I hereby give you my permission to contact the above employers, references, and educational, licensing, credentialing and certification institutions to verify the items I listed above. I hereby release Grand Oak Senior

Living and the above referenced organizations, reference persons and employers from all claims, liability and damages that may result from furnishing the information to you. I consent to releasing any information relating to my job performance which is documented in my personnel file. In the event that a prior employer or other organization is obligated to provide any written notice to me regarding the disclosure of information to Grand Oak Senior Living, I hereby waive that obligation and expect no written notice of disclosure of my personal information.

I also understand that because of the nature of my job and licensing requirements, I hereby consent to the release of this application or portions of this application to representatives of the Michigan Department of Health and Human Services, local community mental health entities or other governmental agencies or private agencies for all licensing or investigatory purposes and to verify information I have listed in this job application. I hereby release Grand Oak Senior Living, the Michigan Department of Health and Human Services, local community mental health entities and other governmental agencies or private agencies from all claims, liability, and damages that may result from furnishing the information to you.

I further specifically waive written notice and agree to the divulging of any disciplinary reports, letters of reprimand or other disciplinary action by all prior employers, and hereby release any prior employers from all claims, liability and damages that may result from furnishing the information to you.

Applicant Signature _____
Date

I certify that all of the information provided on this application is true, complete and correct.

I further understand and agree that any falsification, misrepresentation or omission of fact on this application or in any interviews or pre-employment process are grounds for disqualification for consideration for employment or termination of employment if the discovery is made after employment begins.

Applicant Signature _____
Date

Section IX: At-Will Status

In consideration of my employment, I agree to conform to the policies, rules and regulations of Grand Oak Senior Living. I understand and agree that my employment and compensation are for no definite period and, may be, regardless of the time and manner of my wages or salary, terminated at-will with or without notice, cause or reason at any time, at the sole discretion of Grand Oak Senior Living or me.

Applicant Signature _____
Date

Employer Signature _____
Date

This application will be kept current for 12 months. You need to complete another application to be reconsidered after this date.

Date: _____