

2811 BAILEY LANE
EUGENE, OR 97401



TEL 541 686 2721
FAX 541 338 9003

WWW.GRACEMANORCARE.COM

EMPLOYMENT APPLICATION

GENERAL

Full Name

Email Address

Phone

Mailing Address

City

State

Zip

Position(s) applying for?

Have you ever been found to have committed abuse? Yes No

Full Time

Part Time

When can you start?

What days can you work?

Sun Mon Tue Wed Thurs Fri Sat

Hours you can work?

Can you work weekends? Yes No

Can you work evenings? Yes No

Have you ever applied to and or worked for our company before? Yes No

Do you have any friends, relatives, or acquaintances working for our company? Yes No

EMPLOYMENT ELIGIBILITY

Are you over the age of 18?

Yes No

Would you be able to present evidence of US Citizenship?

Yes No

Can you provide legal proof?

Yes No

ADA ACCOMODATIONS

Are you able to perform the essential functions of the position for which you are applying- without reasonable accommodations? Yes No

If no, please describe the functions that cannot be performed.

Note, company complies with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/ability and may be subject to a medical examination conducted by a medical professional.

EDUCATION, TRAINING, AND MILITARY

	Name	Major/Degree	# of Years
High School			
College/Univ			
Trade/Vocational			
Military			
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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EMPLOYMENT PRESENT/LAST

Employer's Name			
Address			
Dates of employment		Supervisor's Name	
		Phone	
List jobs held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:			
Reason for leaving?			

EMPLOYMENT PREVIOUS

Employer's Name			
Address			
Dates of employment		Supervisor's Name	
		Phone	
List jobs held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:			
Reason for leaving?			

EMPLOYMENT PREVIOUS

Employer's Name			
Address			
Dates of employment		Supervisor's Name	
		Phone	
List jobs held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:			
Reason for leaving?			

Note: By signing this application form, you are authorizing us to contact your former employers for references. Should you object to this contact, indicate your reasons. However, we reserve the right to reject an application where we have been unable to make this inquiry.

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REFERENCES

	REFERENCE #1	REFERENCE #2	REFERENCE #3
Name			
Position			
Phone			
Email			

Use this space to add any additional information necessary to describe your full qualifications for the position(s) which you are applying:

How were you referred to our company?

Read and agree to the terms below:

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true and correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by this company, terms for my immediate expulsion from the company. I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or the company. I permit the company to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

I have read and agree to the terms above: Yes No

Applicants Name (print): _____ Date: _____

Applicants Signature: _____