

I certify that the information provided on this application is accurate. I understand that withholding of information or giving false information will result in a refusal to hire or in disciplinary action up to and including termination of my employment.

I authorize permission to any person, firm or corporation to release to Grace Lodge Management, Inc. all information regarding past employment and background. I waive any and all claims with respect to providing this information. I hereby release said company or person from all liability for any damage or issuing of this information. I understand that any future offer of employment may be conditional upon results of examinations authorized under the law as may be required by Grace Lodge Management, Inc.

In consideration of employment, I agree to conform to policies of Grace Lodge Management, Inc. I understand and acknowledge that, unless otherwise defined by law, any employment relationship with Grace Lodge Management, Inc. is of an "at will" nature, which means the employee may resign at any time and the employer may discharge the employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or conduct unless the Owner of this organization specifically acknowledges such change in writing.

Any offer of employment is conditional upon providing documentation establishing identity and authorization to work in the United States, as required by the Immigration Reform and Control Act of 1986 and any amendments thereto. All documentation will be requested for submission at time of hire.

In the event of employment, I understand that false or misleading information given in my application or interview(s) will result in discharge. I understand that employment is contingent upon a physician's certification that I am free from communicable disease and that I meet the physical requirements of the position for which I am being considered.

Signature _____ Date _____

Grace Lodge Assisted Living

1000 Day Street • Rhinelander, Wisconsin 54501 • (715) 365-1234

APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer

Applications will remain active for a period of one year from date of application.

Date _____

Position(s) Applying for: _____

Last Name _____ First Name _____ M _____

Address _____

City _____ State _____ ZIP _____

Home Phone() _____ Cell Phone _____ Work Phone _____

Social Security Number _____

Referral Source: Newspaper Internet Friend Relative Job Fair Employee
Walk In



If recommended by a Petersen employee, please indicate their name:

Are you available to work: Full Time Part Time Temporary
 Day Shift P.M. Shift Night Shift

Personal Information

Have you applied with us previously? Yes No

If so, please indicate the date: _____

Have you previously been employed here? Yes No

If so, please provide your dates of employment: _____

If yes, under what name: _____

Are legally authorized to work in the United States? Yes No

Are you 16 years of age or older? Yes No

Have you been convicted of a crime in the last seven years related to the position in which you are applying for? Yes No

Note: **Conviction will not necessarily disqualify an applicant from employment**

If yes, please explain with date, location, and nature: _____

Employment History

Please complete in full. Resumes may be attached as supplemental information only.

Please provide your complete employment history, starting with your most recent job.

Do not state - refer to resume

May Grace Lodge contact your current employer? Yes No

Company Name _____ Phone: _____
Address _____ City _____ State _____ ZIP _____
Job Title _____ Supervisor: _____
Dates of Employment: Start _____ End Date: _____ Ending Rate of Pay: _____
Reason for End of Employment: _____
Work Performed: _____

Company Name _____ Phone: _____
Address _____ City _____ State _____ ZIP _____
Job Title _____ Supervisor: _____
Dates of Employment: Start _____ End Date: _____ Ending Rate of Pay: _____
Reason for End of Employment: _____
Work Performed: _____

Company Name _____ Phone: _____
Address _____ City _____ State _____ ZIP _____
Job Title _____ Supervisor: _____
Dates of Employment: Start _____ End Date: _____ Ending Rate of Pay: _____
Reason for End of Employment: _____
Work Performed: _____

Company Name _____ Phone: _____
Address _____ City _____ State _____ ZIP _____
Job Title _____ Supervisor: _____
Dates of Employment: Start _____ End Date: _____ Ending Rate of Pay: _____
Reason for End of Employment: _____
Work Performed: _____

Company Name _____ Phone: _____
Address _____ City _____ State _____ ZIP _____
Job Title _____ Supervisor: _____
Dates of Employment: Start _____ End Date: _____ Ending Rate of Pay: _____
Reason for End of Employment: _____
Work Performed: _____

Please list other previous employers and dates of employment:

Company Name _____ Dates _____ to _____
Company Name _____ Dates _____ to _____
Company Name _____ Dates _____ to _____

Education

	Name and Location	Course Of Study	Years Completed	Indicate: Diploma, Certificate or Degree
High School				
College				
Graduate				
Other				

Please describe any specialized training, apprenticeships, licenses, registrations, certifications, and other qualifications that you have acquired from either employment or continuing education.

Please list professional, trade, business or civic activities (exclude those which may indicate race, color, religion, sex, national origin, sexual orientation, marital status, veteran status), which has provided you additional knowledge and experience.

Employment References

List additional references of individuals who are in a position to evaluate your past and current job performance, attitude, attendance, and quality of work. *Please do not include relatives or personal acquaintances.*

Name: _____ Relationship: _____
 Company: _____ Position: _____
 Phone Number: _____ Best Time to Contact: _____

Name: _____ Relationship: _____
 Company: _____ Position: _____
 Phone Number: _____ Best Time to Contact: _____