



## **Application for Employment**

Grand Meadows Senior Living  
1420 Prairie Avenue  
Glencoe, MN 55336  
320-864-5577

Date of Application: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of Grand Meadows Senior Living.

## Demographic Information

Name (Last, First, Middle): \_\_\_\_\_

Address (Street, City, State, Zip Code): \_\_\_\_\_

Telephone # ( ): \_\_\_\_\_ Other Phone # ( ): \_\_\_\_\_ Best Time to Call: \_\_\_\_\_

## Referral Source

Do you have any friends or family who work (or have worked) here? No  Yes

If yes, please state name and relationship: \_\_\_\_\_

If no, how did you hear of Grand Meadows? \_\_\_\_\_

## Employment Status

Are you currently employed? No  Yes

May we contact your current employer? No  Yes

Will you work overtime if required? No  Yes

Are you legally eligible to be employed in the United States? No  Yes

Are you over the age of 18 years? No   
 Yes

Have you ever submitted an application here before? No  Yes

Have you ever worked for this company before? No  Yes

## Availability

What shifts are you available to work? Day  Afternoon  Midnight  Number of hours/week would be ideal for you? \_\_\_\_\_

What date are you available to begin employment? \_\_\_\_\_ Desired salary/pay range: \_\_\_\_\_

## Education and Training

School (include city and state)	Years Completed	Diploma, Certificate or Degree Earned
School (include city and state)	Years Completed	Diploma, certificate or Degree Earned
Additional Training or Certifications?		

## Employment History

Starting with your most recent employer, provide the following information

Employer Telephone #	Dates Employed Month/Year	Month/Year / to /
Street Address State	City	Starting Wage Final Wage
Position Held/Title	Immediate Supervisor #	Telephone #
Reason for Leaving?		
Summarize the type of work performed:		
May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Employer Telephone #	Dates Employed Month/Year	Month/Year / to
Street Address State	City	Starting Wage Final Wage
Position Held/Title	Immediate Supervisor Telephone #	
Reason for Leaving?		
Summarize the type of work performed:		
May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Employer Telephone #	Dates Employed Month/Year	Month/Year / to
Street Address State	City	Starting Wage Final Wage
Position Held/Title	Immediate Supervisor Telephone #	
Reason for Leaving?		
Summarize the type of work performed:		
May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		

### APPLICANT STATEMENT

I certify that the facts contained in this application are true, accurate and complete. I understand that, if I am hired, any false or misleading statements or omissions on this application may result in my dismissal. I authorize investigation of all statements contained herein and authorize the references listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I acknowledge that any offer of employment is contingent on the satisfactory completion of such investigation.

I understand and agree that, if hired, my employment is for no definite period and can be terminated at any time with or without cause by either River Grand Senior Living or myself. This is an "at will" employment relationship and may not be changed by any document. In the event that I am hired, I understand that regardless of the job that I am first assigned, I may be required to accept a change of position or location depending on my demonstrated skills after employment and the needs of Grand Meadows Senior Living.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

---

Applicant Signature

Date

---

Applicant PRINTED Name