

## Employment Application

For HR use only:

Application # \_\_\_\_\_  
Received by \_\_\_\_\_  
Date \_\_\_\_\_

Great Lakes is an equal opportunity employer. Applicants are considered for employment without regard to race, color, national origin, religion, sex, age, disability, veteran status or any other basis prohibited by law, unless such basis constitutes a bona fide occupational qualification.

**Please complete all sections of the Application for Employment.** If you have a resume, you may include it with the completed application form. Please print in blue or black ink.

Your application will be kept on file for six months. If during that time you wish to be considered for another posted opening, contact Human Resources by telephone, email or in person and request that your application be submitted for the opening.

### *Personal Information*

Name: \_\_\_\_\_  
*Last First Middle*

Address: \_\_\_\_\_  
*Number Street*

\_\_\_\_\_ *City State Zip Code*

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Social Security Number: XXX-XX- \_\_\_\_\_ Email Address: \_\_\_\_\_

### *Position Sought*

Position Desired: \_\_\_\_\_

Wage/Salary Expected: \_\_\_\_\_ On what date would you be available for work? \_\_\_\_\_

Are you available to work:  Full-time  Part-time

Shift Availability:  1<sup>st</sup> shift  2<sup>nd</sup> shift  3<sup>rd</sup> shift

Are you available to work weekends?  Yes  No

How did you learn of this position?

Newspaper, specify \_\_\_\_\_  Reputation of facility

Employee \_\_\_\_\_  Website, specify \_\_\_\_\_  Other \_\_\_\_\_

### *General Information*

*Federal law requires applicants to present certain documentation to verify their identity and United States status or their legal authorization to work in the United States.*

Are you legally eligible for employment in the United States?  Yes  No

Are you 18 years of age or older?  Yes  No

Do you have a valid driver's license (if job related)?  Yes  No

Have you been a member of the armed forces of the United States?  Yes  No

Have you been convicted of, pled guilty to, or received a suspended sentence for a felony or misdemeanor other than a minor traffic violation which has not been expunged by a court? *(A criminal conviction does not automatically disqualify an applicant from consideration.)*  Yes  No

If yes, please explain: \_\_\_\_\_

Have you ever been excluded or are currently suspended, debarred or otherwise ineligible from participating in the federal Medicare/Medicaid program by the Office of the Inspector General (OIG)?  Yes  No

If yes, please explain: \_\_\_\_\_

***Education***

Type of School	Name of School	Location (City & State)	Circle last year completed	Major course of study	Graduated? Degrees?
Grade					
High School					<input type="checkbox"/> Yes <input type="checkbox"/> No
Business, Trade or Apprentice					<input type="checkbox"/> Yes <input type="checkbox"/> No Degree _____
College					<input type="checkbox"/> Yes <input type="checkbox"/> No Degree _____
Graduate					<input type="checkbox"/> Yes <input type="checkbox"/> No Degree _____

Professional Certifications

Type of License	License #	Issuing State	Expiration Date

Please list any special job-related skills, certifications, and qualifications acquired from education, employment, volunteer work or military service which you feel may be helpful in considering your application.

\_\_\_\_\_

\_\_\_\_\_

***References***

Please list three references who are **not related to you** and are **not** previous employers.

Name	Street Address	City, State, Zip	Phone Number	Relationship

## *Employment History*

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Starting with your present or most recent job, list your employment experience. You may include job-related military service assignments and volunteer activities that reflect your qualifications for employment.

Have you been employed here or at any other affiliate of Greencroft Communities before?  Yes  No

If so, when? \_\_\_\_\_

Company Name and Mailing address	Phone Number	
	Job Title	Name of Supervisor
	Employment Dates From: _____ To: _____	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, state reason: _____	Salary/Hourly Rate Start: _____ End: _____	
Reason for leaving?		
Company Name and Mailing address	Phone Number	
	Job Title	Name of Supervisor
	Employment Dates From: _____ To: _____	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, state reason: _____	Salary/Hourly Rate Start: _____ End: _____	
Reason for leaving?		
Company Name and Mailing address	Phone Number	
	Job Title	Name of Supervisor
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May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, state reason: _____	Salary/Hourly Rate Start: _____ End: _____	
Reason for leaving?		
Company Name and Mailing address	Phone Number	
	Job Title	Name of Supervisor
	Employment Dates From: _____ To: _____	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, state reason: _____	Salary/Hourly Rate Start: _____ End: _____	
Reason for leaving?		

## *Mission Statement*

Great Lakes Christian Homes is an organization that exists for the purpose of meeting the physical, social, financial, and spiritual needs of the elderly population. The operation, through the assistance of Christian directors, administrator, and staff will promote the best interest of each person residing within the facility regardless of race, religion or creed or the financial ability to pay for the service.

## *Corporate Values*

- Creativity: pursuing innovative solutions, creative ideas, and ongoing improvement
- Respect: demonstrating courtesy, kindness, grace, mercy, patience, and love for all
- Openness: embracing our differences, listening to others' viewpoints
- Fairness: leading with careful consideration in service to others
- Teamwork: working together toward a common vision across our community

## *Philosophy of Care*

Our organization seeks to provide an environment that meets physical, spiritual, psychological and social needs, and enhances self-determination, dignity and independence. To this end we will maintain a continuum of quality care which is responsive to the changing needs of residents, their families and the community.

## *Applicant's Statement*

1. I authorize investigation of all statements contained in the application for employment as may be necessary in arriving at an employment decision. I understand that an investigation may be made and information may be obtained through interviews with the personal references and past employers listed. I further understand any conditional offer of employment may involve obtaining a criminal background report, Office of Inspector General (OIG) sanction screening, pre-employment drug screen and/or drivers license verification. I further understand that quarterly OIG sanction screenings for all active employees will be conducted and appearance on the OIG exclusion list may result in termination from employment. I hereby authorize the organization, if they wish, to make such inquiries.
2. I hereby release all parties, personal references and previous employers from any and all liability for any injury or damage that may result from their furnishing information concerning me or any action that may be taken on the basis of such information.
4. I understand that this application is not a contract of employment and that any resulting employment relationship is for no fixed period of time and is terminable at any time and for any reason by this organization, or by me. I further understand that statements which may be contained in policies, practices, handbooks or other material do not create any guarantee of employment and that this organization has the right to modify, amend or terminate policies, practices, benefits plans or other programs within the limits and requirements imposed by law. I understand that no representative of this organization, other than a corporate officer, has the authority to enter into any agreement for any specific period of time or to make any agreement contrary to the foregoing and that any such agreement must be in writing, signed by an authorized officer, and be specifically for employment, to be binding on this organization.
5. I certify that I have read the above mission statement, corporate values and philosophy of care and will conform to their expectations.
6. I certify that this application was completed by me and that all entries on it and all information contained in (this application, resume, and any supplement thereof) is CORRECT and COMPLETE to the best of my knowledge. In the event of employment, I understand that false, misleading or omitted information given in my application (or during interviews) may result in termination.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

*This application will be considered active for six months.*