



GraceHealth Senior Homes, LLC
700 W Elm St.
Olathe KS, 66061

EMPLOYMENT APPLICATION

Please complete this application as completely and accurately as possible.

PERSONAL INFORMATION

Today's date: _____

Name (Last, First Middle initial)

Social Security Number

Address:

Primary Phone Number

City

State

Zip Code

Email Address

Are you over the age of 18? ☐ Yes ☐ No

Are you a US Citizen? ☐ Yes ☐ No

If no, do you have the legal right and necessary documents to work in the US? ☐ Yes ☐ No

(Identity and employment eligibility will be verified as required by law.)

EMPLOYEMENT INFORMATION:

| | | |
|----------------------|--------------------------|---|
| Name of Employer | Supervisor | May we Contact ? |
| | | <input type="checkbox"/> YES. <input type="checkbox"/> NO |
| Street Address | | |
| | | |
| Phone Number | Dates Employed (Mo/Year) | |
| | | |
| Job Title and Duties | | Reason for Leaving |
| | | |

| Name of Employer | Supervisor | May we Contact ? |
|----------------------|----------------------------|---|
| | | <input type="checkbox"/> YES. <input type="checkbox"/> NO |
| Street Address | | |
| | | |
| Phone Number | Dates Employed (Mont/Year) | |
| | | |
| Job Title and Duties | | Reason for Leaving |
| | | |

| Name of Employer | Supervisor | May we Contact ? |
|----------------------|----------------------------|---|
| | | <input type="checkbox"/> YES. <input type="checkbox"/> NO |
| Street Address | | |
| | | |
| Phone Number | Dates Employed (Mont/Year) | |
| | | |
| Job Title and Duties | | Reason for Leaving |
| | | |

Have you ever been involuntarily terminated or asked to resign from any job? ☐Yes ☐No

If yes, please explain below:

| |
|--|
| |
|--|

EDUCATION

Please describe your educational background in the table below:

| | School Name | Diploma/Degree (Yes/No) | Area of study / major | Specialised training, skills or extracurricular activities |
|--------------------|-------------|----------------------------|--------------------------|---|
| High School | | | | |
| College/University | | | | |

| | | | | |
|------------------------------|--|--|--|--|
| Graduate/Professional School | | | | |
| Trade School | | | | |
| Other | | | | |

BUSINESS and PROFESSIONAL REFERENCES

Please list three professional references of individuals who are not related to you;

| Name: | Title | Phone number or email | Office only |
|-------|-------|-----------------------|-------------|
| | | | |
| | | | |
| | | | |

APPLICANT STATEMENT and AGREEMENT

Please read and initial each paragraph below. If there is anything that you do not understand, please ask.

_____ I hereby authorize GHSH to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the prior employers and references I have listed to disclose to the company any, and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby 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 investigation or disclosure.

_____ In the event of my employment with GHSH, I understand that I am required to comply with all rules and regulations of the company.

_____ If hired, I understand and agree that my employment with GHSH is at will and that neither I nor the company is required to continue the employment relationship for any specific term. I further understand that the company or I may terminate the employment relationship at any time, with or without cause, and with or without notice. I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by any oral modifications.

_____ I understand that the safety of employees is extremely important to GHSH and that the company is committed to ensuring a safe working environment. I understand that I, and every employee, have a responsibility to prevent accidents and injuries by observing all safety procedures and guidelines and following the directions of my site supervisor. I understand and agree to comply with federal, state, and local regulations related to on- the-job safety and health.

_____ I hereby certify that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration law requires me to complete an I-9 Form in this regard.

_____I understand that if any term, provision, or portion of this Agreement is declared void or unenforceable, it shall be severed, and the remainder of this Agreement shall be enforceable.

My signature attest to the fact that I have read, understand, and agree to all the above terms.

Signature:

_____Date:_____

Print Name:
