

THE GRANVILLE ASSISTED LIVING CENTER
(for TRG Management Company)
APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Name	Date
Address	
City	Zip Phone ()
Email Address:	

DESIRED EMPLOYMENT

Position _____

Date You Can Start _____ Salary Desired _____

Have You Applied Here Before? Yes _____ When? _____ No _____

Have You Ever Worked Here Before? Yes _____ No _____
If _____ So,
When _____

Referred To Company By _____

Availability: _____

EDUCATION

School Level	Name And Location Of School	No. Of Years	Graduate Yes/No
High School			
College			
Other			

GENERAL

Special Training/Skills

FORMER EMPLOYERS

List your last three employers, starting with the most recent.

Employer Name _____ Phone _____
Address _____ City/Zip _____
Supervisor Name _____
Starting Date _____ Leaving Date _____
Job Title _____
Description Of Work _____
Reason For Leaving _____

Employer Name _____ Phone _____
Address _____ City/Zip _____
Supervisor Name _____ Title _____
Starting Date _____ Leaving Date _____
Job Title _____
Description Of Work _____
Reason For Leaving _____

Employer Name _____ Phone _____
Address _____ City/Zip _____
Supervisor Name _____ Title _____
Starting Date _____ Leaving Date _____
Job Title _____
Description Of Work _____
Reason For Leaving _____

REFERENCES

List three persons who you have known for at least one year and who are **not** related to you.

Name	Phone
No. Of Years Known	Business

Name	Phone
No. Of Years Known	Business

Name	Phone
No. Of Years Known	Business

Have You Been Convicted Of Any Crime Including Any Sex Related Offense Or Offense Against The Elderly Or Disabled? Yes _____ No _____

Are You Currently Being Investigated For Any Felonies Including Sex Related Offenses Or Offense Against The Elderly Or Disabled? Yes _____ No _____

Are you up to date on the COVID-19 Vaccine? Yes _____ No _____

Smoking Policy: The Granville is a non-smoking community. All residents, visitors and employees must smoke in the designated smoking area outside of the building.

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.

I understand and agree that my employment with the company is entered into voluntarily. I may resign at any time. Likewise, my employment may be terminated for any reason and at any time without previous notice."

Signature/Printed Name
Date