

GRACE BRETHREN VILLAGE
 APPLICATION FOR EMPLOYMENT
A "Drug Free Workplace" We Drug Test All New Employees.

PLEASE PRINT

POSITION(S) APPLIED FOR: _____ **DATE OF APPLICATION:** ____/____/____

NAME: _____ **PHONE:** _____
FIRST LAST MIDDLE INITIAL

ADDRESS: _____
STREET CITY STATE ZIP CODE

SOCIAL SECURITY NO.: _____ - _____ - _____ TYPE OF EMPLOYMENT: _____ FULL TIME _____ PART TIME
 IF YOU ARE UNDER 18, CAN YOU FURNISH A WORK PERMIT? _____ YES _____ NO OVER 18 _____ YES _____ NO
 HAVE YOU EVER BEEN EMPLOYED HERE BEFORE? _____ YES _____ NO IF YES, WHEN? _____
 ARE YOU RELATED TO ANY EMPLOYEE CURRENTLY WORKING HERE? _____ YES _____ NO
 IF YES WHO AND HOW? _____
 HAVE YOU EVER BEEN CONVICTED OF A FELONY IN THE LAST SEVEN (7) YEARS? _____ YES _____ NO
 (SUCH A CONVICTION MAY BE RELEVANT IF JOB RELATED, BUT DOES NOT BAR YOU FROM EMPLOYMENT) IF YES,
 PLEASE EXPLAIN: _____

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING
 CONSIDERED? _____ YES _____ NO IF YES, PLEASE DESCRIBE: _____
 WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION? _____
 ANY WORK SCHEDULE RESTRICTIONS? _____ ANY LIFTING RESTRICTIONS? _____
 DATE AVAILABLE TO WORK: ____/____/____ SHIFT PREFERENCE: _____ DAY _____ EVE _____ NITE
 ARE YOU OR HAVE YOU TAKEN ANY PRESCRIPTION DRUGS OR MEDICATIONS IN THE LAST 3 MONTHS? _____ YES _____ NO

Employment History

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience.

Most Recent First:

From:	To:	Employer:	Phone: () -
Job Title:		Address:	
Job responsibilities:			
Immediate Supervisor:		Hourly rate / salary: Start: \$	Per: Ending: \$ Per:
Reason for leaving:			
From:	To:	Employer:	Phone: () -
Job Title:		Address:	
Job responsibilities:			
Immediate Supervisor:		Hourly rate / salary: Start: \$	Per: Ending: \$ Per:
Reason for leaving:			
From:	To:	Employer:	Phone: () -
Job Title:		Address:	
Job responsibilities:			
Immediate Supervisor:		Hourly rate / salary: Start: \$	Per: Ending: \$ Per:
Reason for leaving:			
From:	To:	Employer:	Phone: () -
Job Title:		Address:	
Job responsibilities:			
Immediate Supervisor:		Hourly rate / salary: Start: \$	Per: Ending: \$ Per:
Reason for leaving:			

Complete Reverse Side

