



APPLICATION FOR EMPLOYMENT

A. GENERAL INFORMATION

Name:		Driver's License No. & State:		Date:
Previous Last Name Used:		Current Street Address:		
City:	State:	Zip:	Email Address:	
Home Phone:		Cell Phone:		
Are you a United States citizen or legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (All persons, upon hiring, must verify eligibility to be employed in the United States.)				
CRIMINAL HISTORY DISCLOSURE: <i>It is the policy of Gianna Homes, Inc. to inquire about an applicant's criminal history at the time of an interview, or if there is no interview, after a conditional offer of employment is made, & may make employment decisions on this basis depending on the nature of the applicant's criminal history & position sought.</i>				
Do you have any relatives or friends working for this company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give name and department:				
Have you ever worked for this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when and in what department/location?				
In case of an emergency, who should we notify?	Name:		Phone Number: ()	

B. JOB INTEREST

Position Applying For:		Referred By:		
Type of employment desired (check one): <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer				
Availability: <input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat. <input type="checkbox"/> Sun.		Shift(s) Available: <input type="checkbox"/> AM (6am-2pm) <input type="checkbox"/> PM (2-10pm) <input type="checkbox"/> ON (10pm-6am)		
Are you willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you willing to work weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you willing to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, how often?		
Date available to begin work:	Are you 18 or over? <input type="checkbox"/> Yes <input type="checkbox"/> No	Salary Preferred:		

C. EDUCATION

If applying as Certified Nursing Asst. (CNA):		Certificate is current? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date originally certified:
Name & City/State of School Attended		Did you graduate?	List Diploma or Degree
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attending	
College or University		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attending	
Trade or Other		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attending	

D. PROFESSIONAL REFERENCES

List three persons who know of your qualifications & work abilities (*do not include friends or relatives*):

Name:	Company & Address:	Phone Number:	Occupation:
		()	
		()	
		()	

YOUR EMPLOYMENT HISTORY

Please list below your Employment History beginning with your most recent employer. Account for all periods of time, including part-time work, military service or unemployment. If additional space is needed, please attach supplemental information. **May we contact your present employer for references?** Yes No

E. EMPLOYER NAME & ADDRESS

Company:

From		To		Department:	Supervisor:	Phone Number:
Month	Year	Month	Year	Salary:	To Start:	To End:

Job Title & Description of Your Duties:

Reason For Leaving:

F. EMPLOYER NAME & ADDRESS

Company:

From		To		Department:	Supervisor:	Phone Number:
Month	Year	Month	Year	Salary:	To Start:	To End:

Job Title & Description of Your Duties:

Reason For Leaving:

G. EMPLOYER NAME & ADDRESS

Company:

From		To		Department:	Supervisor:	Phone Number:
Month	Year	Month	Year	Salary:	To Start:	To End:

Job Title & Description of Your Duties:

Reason For Leaving:

H. EMPLOYER NAME & ADDRESS

Company:

From		To		Department:		Supervisor:		Phone Number: ()	
Month	Year	Month	Year	Salary:	To Start:	To End:			

Job Title & Description of Your Duties:

Reason For Leaving:

I. SPECIAL SKILLS & QUALIFICATIONS

Please summarize special skills, qualifications, certifications, etc.:

RELEASE AND CONSENT

I understand and certify that all information supplied in this application, and any attached resume, is complete and correct. Any false, misleading or incomplete information furnished by me regarding this application may result in the rejection of this application or if employed, dismissal. I understand that in consideration of my employment, I agree to conform to the rules and regulations of the Employer, and further agree that my employment and compensation are at the will of the Employer and can be terminated, with or without cause, and with or without notice, at any time at the option of either the Employer or myself. I understand and agree that these terms can only be modified in writing and signed by the President. No supervisor, representative, agent, or other employee of the Employer has now or has had in the past the authority to enter into any agreement for employment for a specified period of time, or to make any agreement which is contrary to or in modification of the above terms, nor can any policies or practices of the Employer either written or oral, modify the above terms.

If required, I understand and agree to take any physical examination, and pre-employment test, including drug screening test, all such tests will be administered in compliance with the Americans With Disabilities Act.

I understand and hereby authorize all persons, schools, companies, employers, and/or their representatives to furnish verification to the Employer, its representatives or agents, any and all information set forth in this application and/or attached resume. In addition, I hereby agree to hold harmless and to release from all liability all said persons, schools, companies, employers and/or their representatives from any and all claims that I may have, or which may arise, against any and/or all of them, including the Employer, as a result of them furnishing information to the Employer. I authorize the Employer, should they employ me, to release employment references, if my employment becomes terminated for any reason. I also authorize the Employer to conduct credit, police, criminal and driving record inquiries, or any other employment related inquiries in compliance with the provisions of the Fair Credit Reporting Act, 15 U.S.C. Section 1681, et. seq. I understand that the decision to hire me and my continued employment will be subject to the results of these inquiries.

I understand this application will be active for employment consideration for 30 days. After 30 days, if I wish to be considered for employment, I must contact the Employer to determine if applications are being accepted.

I have read, understand and agree with this statement.

Applicant's Signature

Date