|  |  |
| --- | --- |
| BLUE JIVANTE | Grand JiVanté502 Butler StreetAckley, IA 50601Ph. # 641-847-3531Fax # 641-847-3428 |

# Employment Application

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |
| Phone: |  | Email |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date Available: |  | Social Security No.: |  | Desired Salary: | $ |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Are you a citizen of the United States? | YES[ ]  | NO[ ]  | If no, are you authorized to work in the U.S.? | YES[ ]  | NO[ ]  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you ever worked for this company? | YES[ ]  | NO[ ]  | If yes, when? |  |

|  |  |  |
| --- | --- | --- |
| Do you have a record of founded child or dependent adult abuse or have you ever been convicted of a felony? | YES[ ]  | NO [ ]  |
| If yes, explain: |  |
|  |

|  |
| --- |
| Please list any other names you have used, including maiden name and previous marriages. |

## Employment Desired

|  |  |
| --- | --- |
| Position Applied for: |  |
|  |   |

|  |  |
| --- | --- |
| **Type of employment sought: FT** [ ]  **PT** [ ]  **PRN** [ ] **PLEASE INDICATE DAYS AND HOURS YOU**  **ARE AVALIABLE TO WORK (BE SPECIFIC)** | I understand that emergency conditions may require me to temporarily work shifts other than the one for which I am applying and agree to such scheduling change as directed by my department head or administrator of Grand JiVanté. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Applicant Signature*\*If submitting by email, please type* *legal name in place of signature*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date |
| **DAY** | **FROM** | **TO** |
| SUNDAY | A.M.P.M. | A.M.P.M. |
| MONDAY | A.M.P.M. | A.M.P.M. |
| TUESDAY | A.M.P.M. | A.M.P.M. |
| WEDNESDAY | A.M.P.M. | A.M.P.M. |
| THURSDAY | A.M.P.M. | A.M.P.M. |
| FRIDAY | A.M.P.M. | A.M.P.M. |
| SATURDAY | A.M.P.M. | A.M.P.M. |

## Education

|  |  |  |  |
| --- | --- | --- | --- |
| High School: |  | Address: |  |
| From: |  | To: |  | Did you graduate? | YES[ ]  | NO[ ]  | Diploma: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| College: |  | Address: |  |
| From: |  | To: |  | Did you graduate? | YES[ ]  | NO[ ]  | Degree: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Other: |  | Address: |  |
| From: |  | To: |  | Did you graduate? | YES[ ]  | NO[ ]  | Degree: |  |

## Previous Employment

|  |  |  |  |
| --- | --- | --- | --- |
| Company: |  | Phone: |  |
| Address: |  | Supervisor: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Job Title: |  | Starting Salary: | $ | Ending Salary: | $ |

|  |  |
| --- | --- |
| Responsibilities: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Reason for Leaving: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| May we contact your previous supervisor for a reference? | YES[ ]  | NO[ ]  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Company: |  | Phone: |  |
| Address: |  | Supervisor: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Job Title: |  | Starting Salary: | $ | Ending Salary: | $ |

|  |  |
| --- | --- |
| Responsibilities: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Reason for Leaving: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| May we contact your previous supervisor for a reference? | YES[ ]  | NO[ ]  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Company: |  | Phone: |  |
| Address: |  | Supervisor: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Job Title: |  | Starting Salary: | $ | Ending Salary: | $ |

|  |  |
| --- | --- |
| Responsibilities: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Reason for Leaving: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| May we contact your previous supervisor for a reference? | YES[ ]  | NO[ ]  |  |

## Professional Licenses and/or Certificates

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type** | **Organization or State Issued** | **Date Issued** | **Number** | **Expiration** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Have you ever had a license or certificate of any kind suspended or revoked? YES [ ]  No [ ]  If so, please list the date(s) and reason for suspension/revocation:  |

## References

**Please list three professional references who are not relatives.**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Relationship: |  |
| Company: |  |  Phone: |  |
| Address: |  |  Email: |  |
|  |  |  |  |
| Full Name: |  | Relationship: |  |
| Company: |  |  Phone: |  |
| Address: |  |  Email: |  |
|  |  |  |  |
| Full Name: |  | Relationship: |  |
| Company: |  |  Phone: |  |
| Address: |   |  Email: |  |

## Military Service

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Branch: |  | From: |  | To: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Rank at Discharge: |  | Type of Discharge: |  |

|  |  |
| --- | --- |
| If other than honorable, explain: |  |

## Disclaimer and Signature

Important – Thank you for your interest in joining Grand JiVanté team. Please read the following statement carefully before you sign and return this application.

I understand that employment may be conditioned upon successfully passing a medical examination and that I may be required to satisfactorily complete a drug screening as a condition of employment.

I understand that my employment is at-will and that I may terminate the employment relationship at any time and for any reason, with or without notice, and that Grand JiVanté has the same right. I understand that no one has the authority to enter into any agreement contrary to the preceding sentence, except for a written agreement signed by the CEO.

I hereby authorize persons, schools, my current employer (If applicable) and previous employers or other organizations, to provide Grand Jivanté and its affiliates with any requested information regarding my application or suitability for employment. I completely release all such persons or entities from any and all liability related to the providing or use of such information.

I hereby affirm that the information provided on this application (and accompanying resume, if applicable) is true and complete. I understand that any false or misleading representations or omissions made on the application or during the hiring process may disqualify me from further consideration for employment and may result in discharge if discovered at a later date.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

 If submitting by email, please type legal name in place of signature