

**MONTE VISTA GROVE HOMES  
PRE-EMPLOYMENT APPLICATION**

(Please Print Clearly)

Position(s) Applied For:	Date of Application:
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How Did You Learn About Us?

<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend/Relative	<input type="checkbox"/> Current Employee: _____
<input type="checkbox"/> Social Media	<input type="checkbox"/> Other _____	

Last Name	First Name	Middle Name			
Address			City	State	Zip Code
Telephone Number(s)			Email Address (print clearly):		

Best time to contact you is: \_\_\_\_\_ AM/PM

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Have you ever filed an application with us before?  Yes  No  
If Yes, give date \_\_\_\_\_

Have you ever been employed with us before?  Yes  No  
If Yes, give date \_\_\_\_\_

Do any of your friends or relatives work here?  Yes  No  
If Yes, state name, relationship and department: \_\_\_\_\_

Are you currently employed?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes  No

Proof of citizenship or immigration status will be required upon employment.

Date available for work: \_\_\_\_\_

Are you available to work: (We are staffed 24 hrs a day, 7 days a week)

Full Time

Part Time

Temporary (Indicate available days & times): \_\_\_\_\_

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**EDUCATION**

School	Name and Address of School	Course of Study	Years Completed	Diploma/ Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

**WORK EXPERIENCE:** Start with your present or last job. Include any job-related military service assignments and volunteer activities.

Employer Name:	Dates Employed		Work Performed
	From	To	
Telephone Number(s)			
Address:			
Starting/Present Job Title			
Supervisor		May We Contact?	
		Yes	No
Reason for Leaving			

Employer Name:	Dates Employed		Work Performed
	From	To	
Telephone Number(s)			
Address:			
Starting/Present Job Title			
Supervisor		May We Contact?	
		Yes	No
Reason for Leaving			

Employer Name:	Dates Employed		Work Performed
	From	To	
Telephone Number(s)			
Address:			
Starting/Present Job Title			
Supervisor		May We Contact?	
		Yes	No
Reason for Leaving			

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Comments: Include explanation of any gaps in employment.


Describe any specialized training, apprenticeship, skills and extra-curricular activities.


**ADDITIONAL INFORMATION**

Other Qualifications: Summarize special job-related skills and experience with the elderly.


**SPECIALIZED SKILLS**

Please check any other experience, job-related skills, additional languages, or other qualifications that you believe should be considered in evaluating your qualification for employment.

<input type="checkbox"/> Microsoft Office	<input type="checkbox"/> Certificates:
<input type="checkbox"/> Social Media	<input type="checkbox"/> Licenses (RN, LVN, CNA, Van Driver, etc.)
<input type="checkbox"/> Creative Writing: _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Technology: _____	

State any additional information you feel may be helpful to us in considering your application. Include any hobbies or other interest(s) that may benefit the organization.

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**REFERENCES:** (Do not include family members).

Name	Phone Number	Best Time to Call	Occupation
1			
2			
3			

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**APPLICANT'S STATEMENT**

<hr/> Initials	I certify that answers given herein are true and complete.
<hr/> Initials	I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
<hr/> Initials	I understand that fingerprint clearance is required and I will be reimbursed by the employer.
<hr/> Initials	I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an " <i>at will</i> " nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this " <i>at will</i> " employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.
<hr/> Initials	I understand that any job offer which may be made requires and is contingent upon the Employee being able to pass a physical examination.
<hr/> Initials	In the even of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.
	<hr/> Signature of Applicant
	<hr/> Date

Please submit completed application to Human Resources Generalist, Donna Shepard, by clicking the submit button below.