



ALTERNATIVE®

You are about to complete an application for employment at Grancare Nursing Center or Grancare Gardens Assisted Living. Before you continue we would like to tell you about our philosophy.

Our Home is based on the Eden Alternative philosophy. This philosophy is a revolution in care giving which seeks to eliminate loneliness, helplessness, and boredom in the frail elderly. It looks beyond ordinary care, incorporates the neighbors (residents) dignity, and creates a home environment. We seek to accomplish this by embracing a neighbor's extraordinary life experience and providing simple pleasures that make their home have peace, pleasure, and purpose.

You must understand this is our neighbor's home and therefore the same respect, privacy and independence that you desire in your own home is required here as well. The work that you will carry out should reflect the same care and attention that you would desire for your parent or grandparent. Our neighbors come first.

Regardless of your certification, licensure, or job we are treated as equals and work together as a team. The same respect that is given to our neighbors is also given to our co-workers. Our days never end – we are open 24 hours a day 7 days a week, 365 days of the year. Therefore when you have committed to a schedule the neighbors and co-workers expect you to arrive on time and ready to work. Staff members work hard to create an environment for our neighbors to receive the quality of life they deserve. Our neighbors warrant caring, compassionate and committed people who love what they do and believe in our culture. We have zero tolerance for negative attitudes.

If you desire to help in the journey to make our home into a human habitat rather than an institution, acknowledge below and complete the employment application.

Congratulations, you meet the first standard in becoming a member of our outstanding team of caregivers!

Signature

APPLICATION FOR EMPLOYMENT

GRANCARE NURSING CENTER
1555 DOUSMAN STREET
GREEN BAY, WI 54303

Ph: 920-494-4525
Fax: 920-494-2816

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Position(s) Applied For: _____ Date of Application: _____

How Did You Learn About Us? Advertisement Friend Relative Walk-In Other _____

Last Name: _____ First Name: _____ Middle Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Telephone Number(s): _____

Best time(s) to contact you is: _____:_____ AM PM _____:_____ AM PM _____:_____ AM PM

Social Security Number: _____ - _____ - _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? Does not apply Yes No

Have you ever filed an application with us before? If Yes, what date: _____ Yes No

Do any of your friends or relatives, other than spouse, work here? Yes No
If yes, state name and relationship: _____

Are you currently employed? Yes No

If so, may we contact your present employer? Yes No

Are you prevented by law from becoming employed in the U.S. because of Visa or Immigration status? Yes No
Proof of citizenship or immigration status will be required upon employment

Date Available for work? ____/____/____ What is your desired salary range? _____

Are you available to work: Full Time (Please indicate: morning afternoon nights)
 Part Time (Please indicate: morning afternoon nights)
 Temporary (Please indicate dates available): ____/____ - ____/____

Are you currently on "lay off" status and subject to recall? Yes No

Note to Applicants: DO NOT ANSWER THE NEXT QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.
Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation? Yes No

	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	NUMBER OF YEARS COMPLETED	DIPLOMA/ DEGREE
ELEMENTARY SCHOOL				
HIGH SCHOOL				
COLLEGE				
OTHER (SPECIFY)				

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

Describe any job-related training received in the United States military.

List professional, trade, business or civic activities and offices held:

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1. Employer: _____
 Address: _____
 City: _____ State/Zip: _____
 Telephone: _____
 Job Title: _____ Supervisor: _____
 Reason for Leaving: _____

<u>Dates Employed</u>	<u>Work Performed</u>
From: _____	_____
To: _____	_____
<u>Hourly Rate/Salary</u>	_____
Starting: _____	_____
Final: _____	_____

2. Employer: _____
 Address: _____
 City: _____ State/Zip: _____
 Telephone: _____
 Job Title: _____ Supervisor: _____
 Reason for Leaving: _____

<u>Dates Employed</u>	<u>Work Performed</u>
From: _____	_____
To: _____	_____
<u>Hourly Rate/Salary</u>	_____
Starting: _____	_____
Final: _____	_____

3. Employer: _____
 Address: _____
 City: _____ State/Zip: _____
 Telephone: _____
 Job Title: _____ Supervisor: _____
 Reason for Leaving: _____

<u>Dates Employed</u>	<u>Work Performed</u>
From: _____	_____
To: _____	_____
<u>Hourly Rate/Salary</u>	_____
Starting: _____	_____
Final: _____	_____

4. Employer: _____
 Address: _____
 City: _____ State/Zip: _____
 Telephone: _____
 Job Title: _____ Supervisor: _____
 Reason for Leaving: _____

<u>Dates Employed</u>	<u>Work Performed</u>
From: _____	_____
To: _____	_____
<u>Hourly Rate/Salary</u>	_____
Starting: _____	_____
Final: _____	_____

If you need additional space, please continue on a separate sheet of paper.

Other Qualifications

Special job-related skills and qualifications acquired from employment or other experience:

- Spreadsheet Other Typewriter (WPM _____)
 PC/MAC Word Processing _____ Machinery (type: _____)

PERSONAL REFERENCES

1. Name: _____ Relationship: _____ Phone#: _____
Address: _____
2. Name: _____ Relationship: _____ Phone#: _____
Address: _____
3. Name: _____ Relationship: _____ Phone#: _____
Address: _____

ADDITIONAL INFORMATION

List any additional information you feel may be helpful to us in considering your application.

STATEMENT OF CARE

It is the policy of Grancare Nursing Center to provide care to all residents with no regard for reason of treatment. To accomplish this goal and as a condition of continued employment, employees will need to accept job assignments to meet staffing needs.

APPLICANT'S STATEMENT

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" 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 "at will" 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.

In the event 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.

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I give authorization for the release of employment information to Grancare Nursing Center for the purpose of completing the hiring evaluation process.

SIGNATURE OF APPLICANT

DATE

MAIDEN NAME

Application Questions

1. What is your favorite color?
2. What is your most important accomplishment to date?
3. Why did you choose this career?
4. What are some of your hobbies?
5. What do you think it takes to be successful in this career?
6. What does being a team player mean to you?
7. Why should we hire you?
8. What do you see yourself doing five years from now?
9. How do you handle stress?
10. How do you resolve conflict with a boss or co-worker?
11. What is your greatest strength?
12. Your greatest weakness?
13. If we were to ask one of your bosses to describe you, what would he or she say?
14. Why are you interested in working in our home?
15. What changes could you make at Grancare?
16. Who was your favorite supervisor? Why?
17. What can you do to "create home" for our residents?
18. Do you have any plans for further education?
19. How do you demonstrate your leadership abilities??
20. Why do you want to work in an industry that cares primarily for the elderly?

GRANCARE NURSING CENTER APPLICANT RELEASE AUTHORIZING REFERENCE CHECK

for Applicant: _____

Instructions:

1. To be considered for employment, the applicant must sign this Release Authorizing Reference Check form.
2. References should be checked prior to making a hiring decision.

TO: Company Address/Phone: _____

Dates of Employment: From: _____ To: _____

Position: _____

Reason for Leaving: _____

Key responsibilities in his/her most recent position:

How many reporting staff did they manage?

Relationships with coworkers, reporting staff (if applicable), and supervisors:

Attitude and outlook:

Productivity, commitment to quality and customer service:

Most significant strengths?

Most significant weaknesses?

Would you rehire this individual? Why or why not?

We are considering this applicant for _____. Would you recommend him/her for this position? Why or why not?

Are there additional comments you'd like to make?

Reference Signature: _____ Date: _____

In consideration of Grancare's need to evaluate my suitability for employment, I hereby authorize Grancare to perform all checks of my background and credentials including verification of salary, degree(s), and experience as allowed by law, including but not limited to discussions with my past and/or current employer and/or supervisor(s), co-workers, friends, business associates, or other individuals that Grancare, in its sole discretion, believes may have relevant information regarding my suitability for employment. *I agree not to assert any claims or causes of action of any kind against Grancare, its agents, its employees, or any individual contacted by Grancare, arising out of Grancare's investigation of my credentials. I acknowledge that Grancare has made no representations as to whether employment will be offered at the conclusion of its investigation.*

Applicant's Name (please print): _____

Signature: _____ Date: _____

HR Signature: _____ Date: _____