

Granite Ridge Home Health Care

EMPLOYMENT APPLICATION

First Name	Middle Name	Last Name	
Street Address		City/State	Zip Code
Phone	Alternate Phone	Email Address	

Please Circle or Provide Appropriate Response			
Are You Interested in:	Full Time	Part Time	Per Diem
Schedule Preference:	Weekdays	Weekends	Holidays
How did you hear about us?	Walk In	Referral	Online
Desired Pay:		Available Start Date:	
Preferred Area to Work:		Position Desired:	
Are you authorized to work in the United States?	Yes	No	

Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with these laws, Granite Ridge Home Health Care will verify the status of every individual offered employment with the Company. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization.

Most Recent Work Experience			
Company Name:		Job Title:	
Street Address:		City/State:	
Supervisor's Name:		Phone:	
Dates of Employment:		Term Reason:	
Major Job Duties:			

Additional Work Experience

Company Name:		Job Title:	
Street Address:		City/State:	
Supervisor's Name:		Phone:	
Dates of Employment:		Term Reason:	
Major Job Duties:			

Additional Work Experience

Company Name:		Job Title:	
Street Address:		City/State:	
Supervisor's Name:		Phone:	
Dates of Employment:		Term Reason:	
Major Job Duties:			

Professional Licenses

Type of License:		License Number:	
Type of License:		License Number:	

Education

Name of School:		Major/Subject:	
Street Address:		City/State:	
Did you graduate?		Type of Degree:	

Professional Reference

Name:		Job Title:	
Company:		Phone:	

Professional Reference

Name:		Job Title:	
Company:		Phone:	

Please Read Carefully, Initial and Sign Below

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials _____

I hereby authorize the Company to thoroughly investigate my references, work record, education, driving record, criminal background and other matters related to my suitability for employment. In addition, I understand throughout my employment with the Company, a background check may be necessary when a specific level of clearance is required by a Company customer, i.e.: Government Agencies, Schools, and Military to name a few.

Initials _____

I further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships, and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initials _____

I understand that nothing contained in the application or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

Initials _____

Applicant Name Print

Applicant's Signature

Date

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.