



EMPLOYMENT APPLICATION

Personal Information

Name	
Present Address	Home Phone
City, State, Zip	Cell Phone
Previous Address	E-mail
Position Applying For	Salary Desired
Would you be willing to accept a different position within GSM than the position you applying for? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Available for Employment
Are you applying for: <input type="checkbox"/> Full Time <input type="checkbox"/> Regular <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	Are you willing to work: <input type="checkbox"/> Overtime (>40 hrs/wk) <input type="checkbox"/> Saturday mornings
How were you referred to this organization?	
Do you have any relatives working for this organization? If so, please list name, relationship and department relative works in:	
Have you ever been employed by this organization? If so, list your previous position:	
Can you provide documentation to verify your identity and legal authority to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
In emergency, notify: Name: _____ Phone Number (include area code): _____ Address: _____	

Education

	School Name and Address	Course of Study	Years Completed	Did you Graduate?	Diploma/ Degree
High School			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	



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College			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Tech/Business Professional			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

PROFESSIONAL LICENSES / CERTIFICATIONS

Type	State/Expiration Date	Registration Number

Employment – 1

Please start with your current or most recent employer

Employed by: Address: Telephone Number:	Employment dates: From: To:
Job Title:	Salary: Hourly: Or Annual:
Job Duties:	Supervisor:
Reason for leaving:	
Has notice been given to present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there any additional information relative to change in name to check your work history? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:	



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Employment – 2

Employed by: Address: Telephone Number:	Employment dates: From: To:
Job Title:	Salary: Hourly< Or Annual:
Job Duties:	Supervisor:
Reason for leaving:	

Employment – 3

Employed by: Address: Telephone Number:	Employment dates: From: To:
Job Title:	Salary: Hourly< Or Annual:
Job Duties:	Supervisor:
Reason for leaving:	

May we run an employment check/verification from the employers listed above? Yes No

If no, please explain:



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References

Please list all business associates

Name:	Relationship:
Title / Occupation:	
Address / Telephone Number:	

Name:	Relationship:
Title / Occupation:	
Address / Telephone Number:	

Name:	Relationship:
Title / Occupation:	
Address / Telephone Number:	

Please make any comments you feel are pertinent to your application:

I authorize Geriatric Services of Minnesota, LLC DBA Genevive to investigate the information contained in this application or otherwise provided by me and releases Genevive (and its employees and agents) from any and all liability for seeking information. I authorize all employers, educational institutions, entities, and person(s) listed in this application or identified by me to provide information about me and hereby release them from all liability for issuing such information. I hereby waive any privilege I have to such information.

I certify that the information I provided Genevive in this application and during the hiring process is true and complete. I understand and acknowledge that any false, misleading, or incomplete information in the application during the hiring process may result in rejection of my application or, if I have been hired, immediate termination of employment.

I understand that nothing contained in this employment application or in the granting of an interview, and no Genevive policies, procedures, or handbooks that I might receive if I am hired, are intended to create an employment contract between Genevive and me for either employment or for the providing of any benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon Genevive unless made in writing and signed by an authorized officer of Genevive. If an employment relationship is established, I understand that I have the right to terminate my employment at any time for any reason or no reason, with or without cause, and with or without prior notice, and that Genevive retains the same right.

Signature: _____ Date: _____