

# A Great Place to Stay Inc.

## Employment Application

---

Applicant's Name (Please Print)

Date

---

Address

---

County

City

Zip

Phone Number: ( ) \_\_\_\_\_ D.O.B: \_\_\_\_\_ S.S.N: \_\_\_\_\_

Position for which you are applying for:

---

Do you have any previous experience working in the Elderly/Disabled or Child Care field?

---

What sets you apart from other applicants, what skill and experience can you bring to our company?

---

Have you ever had a level 2 background check? \_\_ yes \_\_ no, if yes when?

While employed working in the Elderly/Disabled or Child Care field, have you ever been the subject of disciplinary action, or been the party responsible for the facility receiving an administrative fine or other disciplinary action? \_\_\_\_ Yes \_\_\_\_\_ No

Employment History Name of Employer: \_\_\_\_\_ Dates  
Employed: \_\_\_\_\_

End salary: \_\_\_\_\_ Duties: \_\_\_\_\_

---

Reason for Leaving: \_\_\_\_\_

Employment History:

Name of Employer: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

End salary: \_\_\_\_\_ Duties: \_\_\_\_\_

---

Reason for Leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

End salary: \_\_\_\_\_ Duties: \_\_\_\_\_

---

Reason for Leaving: \_\_\_\_\_

Please list 3 references:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

How many years have you known this person? \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

How many years have you known this person? \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

How many years have you known this person? \_\_\_\_\_