

# Grande Retirement Lifestyles Employment Application

APPLICANT INFORMATION					
Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available		Social Security No.		Desired Salary	
Position Applied for					
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	
				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	

EDUCATION					
High School			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Type of Degree
Other			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Type of Degree
CERTIFICATION, DESIGNATION, OR LICENSING					
Type:			Issued By:		
From	To	C.E. Required	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Certification or License #

EMERGENCY CONTACT	
Full Name	Relationship
Address	Phone ( )

REFERENCES	
<i>Please list three professional references (not related to you).</i>	
Full Name	Relationship
Company	Phone ( )
Full Name	Relationship
Company	Phone ( )
Full Name	Relationship
Company	Phone ( )

**PREVIOUS EMPLOYMENT**

Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

**MILITARY SERVICE**

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

**APPLICANT'S HEALTH**

To the best of your knowledge and belief, are you currently in good physical health? YES  NO

Do you have any physical impairments that would prevent you from doing any of the duties customarily done by an employee applying for your position  
 YES  NO  Please give details of any physical impairments that could prevent you from doing your job:  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please only answer the following questions if it is a requirement by the Texas Department of Aging and Disability Services for the position you are applying for.**

Have you received the FLU Vaccination? YES  NO  If yes, date of Vaccination: \_\_\_/\_\_\_/20\_\_\_

If not, please state why: \_\_\_\_\_

Have you been tested for TB within the last 14 days? YES  NO  If yes, date of test: \_\_\_/\_\_\_/20\_\_\_, Test results: \_\_\_\_\_

**APPLICANT'S BACKGROUND INFORMATION**

- 1. Have you been charged with and/or convicted of, or pleaded guilty or no contest to:
  - a. Felony or misdemeanor (other than a minor traffic violation)? YES  NO
  - b. A felony or misdemeanor involving fraud, false statements or omissions, wrongful taking of property, bribery, forgery, counterfeiting or extortion? YES  NO
- 2. Have you, or any corporation, partnership, LLC or business in which you were a principal, ever been a party to any of the following (initial if yes and give details):
 

\_\_\_\_\_ Law suit    \_\_\_ Plaintiff    \_\_\_ Defendant    Yr Filed \_\_\_\_\_    Terminated \_\_\_\_\_

\_\_\_\_\_ Judgement    Yr Filed \_\_\_\_\_    Released \_\_\_\_\_

\_\_\_\_\_ Liens    Yr Filed \_\_\_\_\_    Released \_\_\_\_\_

\_\_\_\_\_ Bankruptcy    Yr Filed \_\_\_\_\_    Discharged \_\_\_\_\_
- 3. Has any Federal or State licensing or regulatory agency ever:
  - a. Found you to have made a false statement, or omission of a material fact, or been dishonest, unfair or unethical? YES  NO
  - b. Denied, suspended, or revoked your license, registration, or certification? YES  NO
- 4. Have you ever been the subject of a patient or resident initiated complaint or proceeding? YES  NO
- 5. Have you been discharged, terminated, or permitted to resign because you were accused of:
  - a. Violating a resident's rights as set forth by the TX Department of Aging and Disability Services (DADS)? YES  NO
  - b. Violating the policies and procedures set forth by an employer? YES  NO
  - c. Violating the code of conduct, or ethical standards as set forth by TX DADS or employer? YES  NO
- 6. Have you ever been terminated by an employer for wrong doing? YES  NO
- 7. Are you now subject to any complaint, investigation or proceeding that could result in a "yes" answer to any of the above items? YES  NO

**If any of the questions in this section were answered "YES", please provide the details and appropriate documents (such as, but not limited to, official court records or regulatory hearings). You may use the back of this page to provide your explanation. Make sure to provide the question #, dates, name of employer, details, and disposition in your explanation.**

**DISCLAIMER AND SIGNATURE**

I understand this application will form part of my Employment Agreement with Grande Retirement Lifestyles, and/or its subsidiaries or affiliates, and I warrant that all information contained herein is correct and accurate. I further understand that if any information given in this application is found incorrect or incomplete, it will be grounds for termination at the sole discretion of the Grande Retirement Lifestyles, and/or its subsidiaries or affiliates.

Signature

Date

**TO BE COMPLETED BY COMMUNITY MANAGER**

References Confirmed: YES  NO  Date: \_\_\_/\_\_\_/\_\_\_

Previous Employment Called: YES  NO  Date: \_\_\_/\_\_\_/\_\_\_

Background Check Completed: YES  NO  Date: \_\_\_/\_\_\_/\_\_\_

Drug Screening Completed: YES  NO  Date: \_\_\_/\_\_\_/\_\_\_

Completed By: \_\_\_\_\_ CCC#: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_