



*Grove Management, LLC*

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*Senior Living Management Solutions*



***APPLICATION  
FOR  
EMPLOYMENT***



Circle shifts that you are willing to work:      **Nights**    **Part time**    **Saturday**    **Sunday**

Wage or salary required:

Date available:

**Educational History**

School name	Location	Major Course	Dates attended		Graduated		Degree
			From	To	Yes	No	
High School							
College							
Other Training							

**Outside Activities**

(Exclude those indicating race, color, religion, sex, national origin, age, or handicap)

<b>Professional Memberships, certificates, or licenses held</b>	
<b>Past and present civic cultural activities - include offices held</b>	
<b>Principal hobbies</b>	
<b>Special skills</b>	
<b>Please list others skills and/or equipment/language experience you have acquired.</b>	<b>Have you ever worked with the elderly?</b>

All Assisted Living employees must submit to a background check. You must be willing to submit to a background check to assure you have not been convicted of any crime of abuse of a vulnerable adult, sexual abuse, incest, first or second degree murder, kidnapping, arson, sexual assault, sexual exploitation of a minor, contributing to the delinquency of a minor, commercial sexual exploitation of a minor, felony offenses involving distribution of marijuana or narcotic drugs, theft, robbery, a dangerous crime against children, child abuse, sexual conduct with a minor, molestation of a child, manslaughter, aggravated assault, domestic violence, fraud and fraudulent schemes, assault within the last five years or possession of a dangerous narcotic within the last five years.

Have you been convicted of a felony or misdemeanor in the last five years? Yes [ ] No [ ]

If Yes, Explain: \_\_\_\_\_

Are you either a US Citizen or an alien authorized to work in the United States? Yes [ ] No [ ]

Date of Last TB test or Chest X-Ray: \_\_\_\_\_

To the best of my knowledge all information provided on this application is true. I understand that providing false information on this application is grounds for termination.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please enter the date of completion for each item							
Freedom from TB Must be within 6 months of date of hire.	CPR Training	First Aid Training	Employee Physical	Administrator Training	Administrator License	Background Check	Fingerprinting Results (if applicable)

**DO NOT COMPLETE BELOW THIS LINE**

Applicant accepted for employment? Yes No If yes, what is the start date? \_\_\_\_\_

Date of Termination: \_\_\_\_\_

Interviewer's Impressions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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