

Post Office Box 667

Gallup NM, 87305



PH. (505) 863-6257

W. Aztec, Gallup NM

PRINT ALL INFORMATION

Grey's In-Home Care, LLC is an equal opportunity/affirmative action employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, national origin, marital status, veteran status, sexual orientation or preference.

PERSONAL

First Name	Last Name	Middle Initial	Social Security Number
Mailing Address	City	State Zip Code	Date of Birth
Work Location(s) Preferred			Community Residence
Main Contact Number (Self)	Second Contact Number (Name orSelf)		Additional Contact Number

LANGUAGE: Circle any languages you speak: English Navajo Hopi

EDUCATION: List Highest Education Completed

LOCATION: _____ High School Diploma YES NO

LOCATION: _____ College, Trade or Other: _____

CERTIFICATION(S) List any certifications you may have.

- (1) _____ (4) _____
- (2) _____ (5) _____
- (3) _____ (6) _____

LIST ADDITIONAL EXPERIENCE: _____

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EMPLOYMENT HISTORY

List all employment for the past 7 years, starting with the most recent position. All information must be completed. You may attach a resume, but not in place of completing the required information

Begin Date:	Employer Name	Supervisor Name	Hourly Rate
End Date:	Employer Address	Supervisor Phone #	Ending Rate
Job Title		Reason for Leaving	
Duties & Responsibilities			

Begin Date:	Employer Name	Supervisor Name	Hourly Rate
End Date:	Employer Address	Supervisor Phone #	Ending Rate
Job Title		Reason for Leaving	
Duties & Responsibilities			

Begin Date:	Employer Name	Supervisor Name	Hourly Rate
End Date:	Employer Address	Supervisor Phone #	Ending Rate
Job Title		Reason for Leaving	
Duties & Responsibilities			

Yes No

 **Have you ever been convicted of crime? Excluding: misdemeanor and/or summary offenses, which has not been annulled, expunged or seals by courts?
(yes response does not automatically disqualify your application.)**

CERTIFICATION & AUTHORIZATION

I understand that, in the event of my employment by the company, I shall be subject to dismissal if any information that I have given in this application is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery.

I authorized the Company to inquire into my educational, professional and past employment history references as need to research my qualifications for this position.

I hereby give my consent to any former employer to provide employment-related information about me to the Company and will hold the Company and my former employer harmless for any claim made on the basis that such information about me was provided or that any employment harmless for any claim made on the basis that such information about me was provided or that any employment decision was made based on such information.

I understand that nothing in this employment application, the granting of an interview or my subsequent employment with the Company is intended to create an employment contact between myself and the Company under which my employment could be terminated only for cause.

I understand and agree that, if hired, my employment will be terminable at will and may be terminated by me or the Company at any time and for any reason. I understand that no person has any authority to enter any agreement contrary to the foregoing.

If employed, I will be required to provide original documents with verify my identity and right to work in the United State under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

I hereby acknowledge that I have read and agree to the above statements.

Applicant Signature

Date Submitted

*****OFFICE USE*****

Date received: _____

Received by: _____