

EMPLOYMENT APPLICATION

MERCY AND GRACE STAFFING SOLUTIONS

Global Integrated Care LLC
1516 Oak Street Suite 107, Alameda, CA 94501

INSTRUCTIONS:

If you need help filling out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

- Please read "APPLICANT NOTE" below.
- Complete all pages of this page.
- Print clearly: incomplete or illegible application will not be processed. PLEASE NOTE "NOT APPLICABLE" IF NOT ANSWERING A QUESTION
- Provide only requested information. Failure to do so many results in disqualification of your application.
- Some packets may include an AFFIRMATIVE ACTION QUESTIONNAIRE. This information is being gathered for affirmative action under Section 503 of Rehabilitation Act of 1973. The information requested if voluntary and will be kept confidential. An applicant will not be subject to any adverse treatment for refusing to complete questionnaire.
- DO NOT FILL OUT ANY OTHER ATTACHED FORMS OR PAGES UNTILL INSTRUCTED.

APPLICATION NOTE: This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination based on sex, marital status, race, color, age, creed, national original, religion, or any other protected class status. Additional testing for the presence of illegal drugs in your body maybe required prior to employment. After an offer of employment, and before reporting to work, you may be required to submit to a medical review

1. PERSONAL INFORMATION

Name (Last, First M.I.)				Date of Application	
(Current) Street Address		City	State	Zip Code	Social Security Number
Position(s) Applied For		Home Phone Number	Cell Phone Number		Alternate Phone Number
Other Name(s) Used				Other Social Security Number Used	
Emergency Contact					
Name (Last, First M.I.)				Phone Number	

2. JOB RELATED SKILLS

Note: Do not fill out any part of this section you believe to be non-job related

If the job requires, do you have a valid driver's license? Yes No

Driver's License Number	State Issued	Exp. Date	Make, Model and Year of Vehicle
Auto Insurance Company	Policy Number	Exp. Date	

Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to this job or company

Have you been given a job description or had the essential functions of the job explained to you? Yes No

Do you understand these essential functions? Yes No

Can you perform the essential functions of this job with or without reasonable accommodation? Yes No

3. WORK HISTORY

Note: your application will not be considered unless all questions in this section are answered. Mercy & Grace Staffing Solutions shall take every effort to contact your previous employer(s) it is essential that the correct telephone numbers must be supplied.

1.) Employer Name		Address		Employer Phone No.
Employment Dates (mo./yr.)		Job Title		Reason for leaving
From	To	Last Salary		
2.) Employer Name		Address		Employer Phone No.
Employment Dates (mo./yr.)		Job Title		Reason for leaving
From	To	Last Salary		

3.) Employer Name		Address	Employer Phone No.
Employment Dates (mo./yr.)	Job Title	Reason for leaving	
From	To		

4. EDUCATION

Highest Educational Attainment: _____ Year Attained: _____

School Type	Name & Address of Institution	Course/Major	Year Attended	Year Graduated
Vocational/Technical				
College/University				

5. SECURITY

Note: Please fill up completely the attached Authorization to do criminal and motor vehicle background check.

As a condition of employment, all employees must be "Bondable" and "Insurable".

Are you at least 19 years of age? Yes No

List states and counties of residences for the last seven years:

Year stayed: From _____ to _____ State/County: _____

Year stayed: From _____ to _____ State/County: _____

Year stayed: From _____ to _____ State/County: _____

Have you had any moving traffic violation? Yes No

If yes, specify: _____

Have you been charged/convicted of felony and/or misdemeanor/served time? Yes No

If yes, specify:

Incident	City/State	Charge(s)

Have you ever been charged as perpetrator or appeared on any child abuse registry in the last 5 years? Yes No

6. REFERENCES: (Do not include relatives)

Please complete all references. **Your application will not be considered unless three references are provided.** Since we will contact the references, please notify them in advance. If we are unable to reach all three references, you will be asked to provide additional references.

Full Name	Phone Number	Best Time to Call	Relationship	# Of Years Known

7. CERTIFICATION AND RELEASE:

I certify that I have read and understand the application note on page one (1) and that the best answer given by me to the foregoing questions and statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misinterpretations of facts in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents including consumer-reporting bureaus, to verify any of the information I have given, included but not limited to criminal history and motor vehicle driving records. I authorize all persons, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing information. I release this company from any liability that might result from making such investigations. I also understand that the use of illegal drugs is prohibited during employment. I am willing to submit to drug testing to detect the use of illegal drug prior to and during my employment.

I understand that this application is not a contract of employment. I also understand that if hired, regardless of any oral prevention to the contrary, the employment relationship between Mercy & Grace Staffing Solutions, and myself is terminable at-will, so that both the company and I remain free to choose to end out work relationship at any time for any reason or no reason. Any changes in this employment relationship must be made in writing. My signature below acknowledges that I have read, understand, and agree to the above disclosure. I also understand that due to the nature of the business, no amount of work can be guaranteed.

APPLICANT'S SIGNATURE OVER PRINTED NAME

DATE