

1.0.1	Employment Application	Modified:	06/02/2020	By:	Rosetta Smoots R.N.
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EMPLOYMENT APPLICATION

Please complete the entire application.

Please provide the following for a complete application: resume, driver's license, ss card

1. Employer Information

Employer:	Glazon Group, Inc.				
Address:	5 9th ST NE				
City/State/Zip:	Rochester	Minnesota	55906		
Phone:	507-322-0020				
Email:	support@glazongroup.com				

It is the policy of GLAZON GROUP, INC. to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

2. Applicant Information

Applicant Full Name: _____
Other Names or Alias (including names you are or have been known by): _____

Home Address: _____
City/State/ZIP: _____
Number of years at this address: _____
Daytime phone: _____ Evening phone: _____
Mobile phone: _____ email address _____
Social Security Number: _____ Date of Birth _____
Driver's License (State/Number): _____

List Prior Addresses for Past Five Years:

1.0.1	Employment Application	Modified:	06/02/2020	By:	Rosetta Smoots R.N.
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3. Emergency Contact _____

Who should be contacted if you are involved in an emergency?

Contact Name: _____

Relationship to you: _____

Address: _____

City/State/ZIP: _____

Daytime phone: _____ Evening phone: _____

4. Job Position Applied For: _____

Full or Part Time? _____

5. Salary Desired: \$ _____ per _____

6. Who referred you to our company? _____

Do you have any friends or relatives who work here? If yes, please list here:

7. Have you applied to our company previously? _____ Yes _____ No

If yes, when? _____

8. Are you at least 18 years old? _____ Yes _____ No

9. How will you get to work? _____

10. Are you willing to work any shift, including nights and weekends? _____ Yes _____ No

If no, please state any limitations:

11. If applicable, are you available to work overtime? _____ Yes _____ No

12. If you are offered employment, when would you be available to begin work?

13. If hired, are you able to submit proof that you are legally eligible for employment in the United States? _____ Yes _____ No

14. Are you able to perform the essential functions of the job position you seek with or without reasonable accommodation? _____ Yes _____ No

What reasonable accommodation, if any, would you request?

1.0.1	Employment Application	Modified:	06/02/2020	By:	Rosetta Smoots R.N.
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15. Applicant's Skills

Please respond to all listed if not appropriate circle N/A regarding the skills that you may have. List any other skills that may be useful for the job you are seeking. Circle the number of years of experience that corresponds to your ability for each particular skill. (One represents poor ability, while five represents exceptional ability.)

	Years of Experience
<input type="checkbox"/> Typing _____	N/A 1 2 3 4 5+
<input type="checkbox"/> Microsoft Office Suite (Word, Excel, etc.) _____	N/A 1 2 3 4 5+
<input type="checkbox"/> Accounting/Bookkeeping _____	N/A 1 2 3 4 5+
<input type="checkbox"/> Answering telephones _____	N/A 1 2 3 4 5+
<input type="checkbox"/> Filing _____	N/A 1 2 3 4 5+
<input type="checkbox"/> Customer service _____	N/A 1 2 3 4 5+
<input type="checkbox"/> Direct care Experience _____	N/A 1 2 3 4 5+
<input type="checkbox"/> Other Health Care Experience _____	N/A 1 2 3 4 5+
<input type="checkbox"/> Assistance of ADL _____	N/A 1 2 3 4 5+
<input type="checkbox"/> Client Transportation _____	N/A 1 2 3 4 5+
<input type="checkbox"/> License Care Experiences _____	N/A 1 2 3 4 5+
<input type="checkbox"/> Other Health Care Experience _____	N/A 1 2 3 4 5+
<input type="checkbox"/> Professional communication (emails, phone calls, skype) _____	N/A 1 2 3 4 5+

16. Applicant Employment History

List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application. (Please fill out as much as you can and attach a Resume or CV)

Employer Name: _____
 Employer phone number _____
 Supervisor Name: _____
 Address: _____
 City/State/ZIP: _____
 Job Duties: _____
 Reason for Leaving: _____
 Dates of Employment (Month/Year): _____

1.0.1	Employment Application	Modified:	06/02/2020	By:	Rosetta Smoots R.N.
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Employer Name: _____
 Employer phone number _____
 Supervisor Name: _____
 Address: _____
 City/State/ZIP: _____
 Job Duties: _____
 Reason for Leaving: _____
 Dates of Employment (Month/Year): _____

Employer Name: _____
 Employer phone number _____
 Supervisor Name: _____
 Address: _____
 City/State/ZIP: _____
 Job Duties: _____
 Reason for Leaving: _____
 Dates of Employment (Month/Year): _____

17. Applicant's Education and Training

College/University Name and Address

Did you receive a degree? _____ Yes _____ No If yes, degree(s) received: _____

High School/GED Name and Address

Did you receive a degree? _____ Yes _____ No

Other Training (graduate, technical, vocational):

Please indicate any current professional licenses or certifications that you hold:

(i.e. CNA, HHA, TMA, LPN, RN, MD, PT etc)

Awards, Honors, Special Achievements:

Military Service: _____ Yes _____ No

1.0.1	Employment Application	Modified:	06/02/2020	By:	Rosetta Smoots R.N.
-------	------------------------	-----------	------------	-----	------------------------

Branch: _____
 Specialized Training: _____

18. References

List any two non-relatives who would be willing to provide a reference for you.

Name: _____
 Address: _____
 City/State/ZIP: _____
 Telephone: _____
 Relationship: _____

Name: _____
 Address: _____
 City/State/ZIP: _____
 Telephone: _____
 Relationship: _____

19. Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer:

1.0.1	Employment Application	Modified:	06/02/2020	By:	Rosetta Smoots R.N.
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CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize GLAZON GROUP, INC. to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its CEO, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of GLAZON GROUP, INC., except in a specific written contract of employment signed on behalf of the organization by its CEO, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE

DATE