



**Grattan HealthCare, Inc.**  
P.O. Box 976 Brainerd, MN 56401  
Phone: 1-800-470-1326 Fax: 801-925-0345  
[www.grattanhealthcare.com](http://www.grattanhealthcare.com)

Application for Employment

Name: \_\_\_\_\_

Mailing Address

\_\_\_\_\_

\_\_\_\_\_

Home Telephone# \_\_\_\_\_

Cell# \_\_\_\_\_

Position you are applying for: \_\_\_\_\_

Are you over 18? Yes No (circle one)

Client(s) you will be working with (if known): \_\_\_\_\_

Employment or life experience in the health care field? \_\_\_\_\_

Give details:

\_\_\_\_\_

\_\_\_\_\_

Are you a C.N.A. or H.H.A. – if so, please provide proof \_\_\_\_\_

Previous Employer \_\_\_\_\_

Dates employed \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Duties Performed \_\_\_\_\_

Previous Employer \_\_\_\_\_

Dates employed \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Duties Performed \_\_\_\_\_

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