

APPLICATION FOR EMPLOYMENT

PARKVIEW HOME OF FREEPORT, IL, INC.

AN EQUAL OPPORTUNITY EMPLOYER

All applicants are considered without regard to race, color, gender, religion, national origin, age, marital or veteran status, mental or physical disability unrelated to job performance or any other legally protected status.

POSITION APPLYING FOR: _____ DATE: _____

PERSONAL INFORMATION

Legal Name: First _____ Last _____ Middle Initial _____

Address: Street _____ City _____ State _____ Zip code _____

Home Telephone _____ Cell Phone _____

E-mail _____ Social Security # _____

Drive License # _____ State _____
(If position requires operation of company vehicle)

Previous Legal Name and/or additional aliases _____

Are you legally eligible for employment in the United States? Yes NO

United States Visa status, if applicable: _____

Have you been convicted of a felony? Yes No

If yes, please explain circumstances _____

Are you at least 18 years old? Yes No

Have you ever been terminated or allowed to resign prior to termination? If yes, please explain: _____

POSITION INFORMATION

Position(s) applying for _____ Salary desired: \$ _____

Employment status desired: Full time Part time Temporary

What hours are you available to work? _____

If hired, when could you start? _____

How did you hear about this job? _____

Have you ever been employed by Parkview? Yes No

If so, when and what position? _____

EMPLOYMENT HISTORY(MOST RECENT FIRST)

1. Job Title:			DUTIES:		
EMPLOYER:					
DATES OF EMPLOYMENT(MONTH/ YEAR) FROM: TO:					
STARTING SALARY:	ENDING SALARY:	FULLTIME	PART TIME	TEMP	
EMPLOYER'S ADDRESS:					
SUPERVISOR:			MAY WE CONTACT: YES ___ NO ___ PHONE: _____		
REASON FOR LEAVING:					
2. Job Title:			DUTIES:		
EMPLOYER:					
DATES OF EMPLOYMENT(MONTH/ YEAR) FROM: TO:					
STARTING SALARY:	ENDING SALARY:	FULLTIME	PART TIME	TEMP	
EMPLOYER'S ADDRESS:					
SUPERVISOR:			MAY WE CONTACT: YES ___ NO ___ PHONE: _____		
REASON FOR LEAVING:					
3. Job Title:			DUTIES:		
EMPLOYER:					
DATES OF EMPLOYMENT(MONTH/ YEAR) FROM: TO:					
STARTING SALARY:	ENDING SALARY:	FULLTIME	PART TIME	TEMP	
EMPLOYER'S ADDRESS:					
SUPERVISOR:			MAY WE CONTACT: YES ___ NO ___ PHONE: _____		
REASON FOR LEAVING:					

Education

	Name & Location of School	Years Attended	Did You Graduate?	Subjects Studied
Grammar				
High School				
College				
Trade, Business or Correspondence School				

Skills

Clerical/Office Skills	
Computer Skills	
Other special knowledge or skills	
Language	

References Give Below The Names Of Three Persons Not Related To You, Whom You Have Known At Least One Year.

Name	Address/Phone	Relationship	Years Known

Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds of dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans and Disabilities Act (ADA) and other relevant federal and state laws"

Date _____

Signature _____

Interviewed By _____ Date _____

DO NOT WRITE BELOW THIS LINE

Remarks

Interviewed _____

Hired _____ Dept. _____ Position _____ Will Report _____

Salary/Wage _____

Approved: 1. _____ 2. _____ 3. _____

Employment Manager

Department Head

General Manager