



APPLICATION FOR EMPLOYMENT

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(s) applying for _____

Date ____ / ____ / ____

Personal Information

Legal Name _____

Address _____

Street City State Zip

Phone Number _____ / _____ Email _____

Mobile Home

Drivers License # _____

(If position requires operation of a company vehicle)

Previous Legal Name and/or additional Aliases _____

Are you legally eligible for employment in the United States? ☐ Yes ☐ No Visa status, if applicable _____

Are you at least 18 years old? ☐ Yes ☐ No

Have you ever been terminated or allowed to resign prior to termination? ☐ Yes ☐ No

If yes, please explain _____

Position Information

Position(s) applying for _____ Salary Desired \$ _____

Employment status desired ☐ Full-time ☐ Part-time ☐ Temporary ☐ PRN

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? _____

1. Job Title		Duties:
Employer		
Dates of Employment From _____ To _____ ☐ Full-Time ☐ Part-Time ☐ Temporary		
Employers Address		
Supervisor		May we contact? ☐ Yes ☐ No Phone _____
Reason for Leaving		

2. Job Title	Duties:
Employer	
Dates of Employment From _____ To _____ ☐ Full-Time ☐ Part-Time ☐ Temporary	
Employers Address	
Supervisor	May we contact? ☐ Yes ☐ No Phone _____
Reason for Leaving	

3. Job Title		Duties:
Employer		
Dates of Employment From _____ To _____ ☐ Full-Time ☐ Part-Time ☐ Temporary		
Employers Address		
Supervisor	May we contact? ☐ Yes ☐ No Phone _____	
Reason for Leaving		

Education				
	Name of School	Years Attended	Graduate?	Subjects Studied
High School				
College				
Trade, Business or Correspondence School				

Skills	
Clerical / Office	
Computer	
Other Special Knowledge	
Language	

References				
Name	Address	Phone	Relationship	Years Known

Applicant Certification and Authorization

I certify that the information provided in this application is true, complete, and accurate to the best of my knowledge.
I understand that providing false or misleading information may result in withdrawal of an offer or termination of employment.

I authorize Parkview to verify the information provided in this application, including contacting the references and former employers listed. I authorize those individuals and organizations to provide information about my employment history and other relevant information, and I release Parkview and those providing information from liability to the extent permitted by law.

I understand that no representative of Parkview may make an agreement guaranteeing employment for a specific period of time unless that agreement is in writing and signed by an authorized Parkview representative.

This authorization does not permit the release or use of disability-related or medical information in any manner prohibited by the Americans with Disabilities Act (ADA) or other applicable federal or state laws.

Signature

____ / ____ / ____
Date

Criminal Background Check and Eligibility for Employment

Parkview Home of Freeport, Illinois, Inc. is required to comply with the Illinois Health Care Worker Background Check Act (225 ILCS 46) and other applicable state and federal requirements governing employment in long-term care facilities.

Applicants selected for positions covered by these requirements will be subject to the criminal history records check and Health Care Worker Registry review required by law. Certain criminal convictions and certain findings of abuse, neglect, misappropriation of property, theft, or financial exploitation may prohibit an individual from working in a long-term care facility in a position involving resident contact or access to residents, residents' living quarters, or residents' financial, medial, or personal records. In some circumstances, an individual with a disqualifying conviction may be eligible to work if a waiver has been granted by the Illinois Department of Public Health.

Are you aware of any registry finding, or other restrictions that would make you ineligible to work in the position for which you are applying under the Illinois Health Care Worker Background Check Act or other applicable law?

- ☐ Yes
☐ No
☐ Unsure

If **Yes** or **Unsure**, you may provide additional regarding your eligibility, including whether you have received or applied for an Illinois Department of Public Health Health Care Worker Waiver:

An affirmative response will not automatically disqualify you from consideration for employment. Parkview will evaluate eligibility in accordance with applicable federal and Illinois law, including any applicable waiver provisions.

DO NOT WRITE BELOW THIS LINE

Interviewed by _____ Date ____/____/____

Remarks _____

Hired _____ Will Report _____

Date

Date

Department _____ Position _____

Salary/Wage \$ _____

Approved By

Employment Manager

Department Head

General Manager