|  |  |
| --- | --- |
| parkview SENIOR LIVING  Employment Application |  |

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| Applicant Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name | | | | | | |  | | | | | | | | | | | | | | First | | |  | | | | | | | | | | | | M.I. | | | | | Date | |  | |
| Street Address | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | Apartment/Unit # | | | | | | |  | |
| City | |  | | | | | | | | | | | | | | | | | | | State | | |  | | | | | | | | | | | | ZIP | |  | | | | | | |
| Phone | |  | | | | | | | | | | | | | | | | | | | E-mail Address | | | | | |  | | | | | | | | | | | | | | | | | |
| Date Available | | | | | | | |  | | | | | | | | | | | | | | Desired Salary | | | | | | | | |  | | | | | | | | | | | | | |
| **Position Applied for** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you a citizen of the United States? | | | | | | | | | | | | | | | | | | YES | NO | | | | | If no, are you authorized to work in the U.S.? | | | | | | | | | | | | | | | | | | YES | | NO |
| Have you ever worked for this company? | | | | | | | | | | | | | | | | | | YES | NO | | | | | If so, when? | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |  |  | | | | |  | | | | |  | | | | | | | | | | | | | | | |
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| Education | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| High School | | | | | | |  | | | | | | | | | | | | Location | | | | |  | | | | | | | | | | | | | | | | | | | | |
| From | | |  | | | | | | | To | | |  | | Did you graduate? | | | | YES | | | | | NO | | | | Degree | | | | |  | | | | | | | | | | | |
| College | | |  | | | | | | | | | | | | | | | | Location | | | | |  | | | | | | | | | | | | | | | | | | | | |
| From | | |  | | | | | | | To | | |  | | Did you graduate? | | | | YES | | | | | NO | | | | Degree | | | | |  | | | | | | | | | | | |
| Other | | |  | | | | | | | | | | | | | | | | Location | | | | |  | | | | | | | | | | | | | | | | | | | | |
| From | | |  | | | | | | | To | | |  | | Did you graduate? | | | | YES | | | | | NO | | | | Degree | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| References | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please list three professional references.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Full Name** | | | | | | |  | | | | | | | | | | | | | | | | | | | Relationship | | | | | | |  | | | | | | | | | | | |
| Email | | | | | | |  | | | | | | | | | | | | | | | | | | | Phone | | | |  | | | | | | | | | | | | | | |
| Address | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Full Name** | | | | | | |  | | | | | | | | | | | | | | | | | | | Relationship | | | | | | |  | | | | | | | | | | | |
| Email | | | | | | |  | | | | | | | | | | | | | | | | | | | Phone | | | |  | | | | | | | | | | | | | | |
| Address | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Full Name** | | | | | | |  | | | | | | | | | | | | | | | | | | | Relationship | | | | | | |  | | | | | | | | | | | |
| Email | | | | | | |  | | | | | | | | | | | | | | | | | | | Phone | | | |  | | | | | | | | | | | | | | |
| Address | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Military Service | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Branch | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | From | | |  | | To | |  | | | | | |
| Rank at Discharge | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | Type of Discharge | | | | | | | |  | | | | |
| If other than honorable, explain | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Previous Employment (aTTACH ADDITIONAL SHEET IF NECESSARY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Company** | | | | |  | | | | | | | | | | | | | | | | | | | | Phone | | | | | |  | | | | | | | | | | | | | |
| Address | | | |  | | | | | | | | | | | | | | | | | | | | | Supervisor | | | | | | |  | | | | | | | | | | | | |
| Job Title | | | |  | | | | | | | | | | | | | | | | Starting Salary | | | | | $ | | | | | | | | | Ending Salary | | | | | | $ | | | | |
| Responsibilities | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From |  | | | | | | | | To | | | | |  | | | Reason for Leaving | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | | | | | | | | | | | | | YES | | NO | | | | | |  | | | | | | | | | | | | | |
| **Company** | | | | |  | | | | | | | | | | | | | | | | | | | | Phone | | | | | |  | | | | | | | | | | | | | |
| Address | | | |  | | | | | | | | | | | | | | | | | | | | | Supervisor | | | | | | |  | | | | | | | | | | | | |
| Job Title | | | |  | | | | | | | | | | | | | | | | Starting Salary | | | | | $ | | | | | | | | | Ending Salary | | | | | | $ | | | | |
| Responsibilities | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From |  | | | | | | | | To | | | | |  | | | Reason for Leaving | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | | | | | | | | | | | | | YES | | NO | | | | | |  | | | | | | | | | | | | | |
| OTHER SKILLS, LICENSURE, ETC. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ATTACH RESUME OR OTHER INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Disclaimer and Signature | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 for dismissal.  I authorized investigation of all statements contained herein and the references and employers listed above to provide Parkview any and all information concerning my prior employment and 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 ay specific period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by the administrator.  This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date | |  | | | | | | | |

DO NOT WRITE BELOW THIS LINE

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| INTERVIEW REMARKS | | | | |
| Interviewed by: |  | | Date: |  |
|  | |  | | |