

**PARKWAY MANOR HEALTH CENTER
APPLICATION FOR EMPLOYMENT**

Please Print

Equal access to programs, services and employment is available to all persons.

Position applied for _____ Date of application _____
Name _____ Social Security # _____
Address _____
Telephone # _____ Other Phone or E-mail Address _____

If you under 18, can you obtain a work permit? Answer yes or no. _____
Have you ever been employed here before? Answer yes or no, and if yes, give dates and position. _____

Does your citizenship and/or immigration status make you legally eligible for employment in this country? Answer yes or no. If no, explain. _____
Have you been convicted of a felony within the last 7 years? Answer yes or no, and if yes, describe nature of violation. _____

EMPLOYMENT EXPERIENCE

***Starting with the most recent job, provide information for your past four employers.
Explain any gaps in employment history in Comments section.***

Employer _____ Dates Employed _____ Job Title _____
Address _____ Telephone # _____
Work Duties _____ Salary _____
May we contact for reference? Answer yes or no, and if yes, give supervisor's name. _____

Reason for leaving _____

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Address _____ Telephone # _____
Work Duties _____ Salary _____
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Reason for leaving _____

Comments about Employment Experience _____

Are you able to perform each of the job functions of the position for which you are applying with or without reasonable accommodation? If you can perform the job with an accommodation, describe how you would perform the functions and with what accommodation. _____

Summarize any special skills or qualifications including additional licenses or certifications that will enable you to perform job-related functions in the position for which you're applying. _____

Education Background

Starting with the most recent education, provide information.

Name and Location # Years Completed Degree/Diploma Major/Course of Study

Additional Business/Work References

Indicate any business/work references we may contact in addition to those listed in the Employment Experience section.

Name _____ Telephone # _____

What employment contact can this individual reference? _____

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Name _____ Telephone # _____

What employment contact can this individual reference? _____

Applicant Statement

I certify that all information I have provided to apply for work is true, complete and correct. I understand that any false or incomplete information may be sufficient cause for immediate discharge from employment. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision, including verification of all statements regarding my employment, education and criminal history. Employment is conditional upon the successful outcome of all pre-employment screening and criminal background. I release from liability the employer and its representatives for seeking such information and all other organizations and their agents for providing such information. I understand that the employer does not unlawfully discriminate in employment and application information is requested for information purposes. I understand that if I am hired I will be required to provide proof of identity and legal authority to work in the United States. I understand that as a prospective employee of a facility that provides health delivery services, I have a particular obligation to be able to perform my duties unimpaired by the effects of drugs and other chemical substances. I certify that I have read, fully understood and accept all terms of the Applicant Statement.

Signature of Applicant _____ Date _____