

(PLEASE PRINT CLEARLY)

**PERSONAL INFORMATION:**

Date of Application \_\_\_\_\_ Date Available \_\_\_\_\_

Name \_\_\_\_\_  
 Last First Middle Social Security Number \_\_\_\_\_

Present Address \_\_\_\_\_  
 Street City State Zip Code Phone Number \_\_\_\_\_

Permanent Address (If Different than Present Address) \_\_\_\_\_  
 Street City State Zip Code Phone Number \_\_\_\_\_

If you cannot be reached at above phone number, where may we contact you? Name of Person \_\_\_\_\_ Phone Number \_\_\_\_\_

**EMPLOYMENT DESIRED:**

Type of Work Desired	Shift	Salary
First Choice		
Second Choice		
Third Choice		

Will you accept employment of:  
 Full Time?  Part Time?  Temporary?  
 Are you 18 years of age or older?  Yes  No  
 Are you employed now?  Yes  No  
 May we contact your present employer?  Yes  No  
 How did you learn of this opening? \_\_\_\_\_

**EDUCATION:**

Circle highest grade completed: 8 9 10 11 12 13 14 15 16

	Name of School	Location (City, State)	Courses Taken	Completed	Type of Degree or Certificate Received
Grammar or Grade School				<input type="checkbox"/> No <input type="checkbox"/> Yes	
High School				<input type="checkbox"/> No <input type="checkbox"/> Yes	
College				<input type="checkbox"/> No <input type="checkbox"/> Yes ___/___/___ Date	
Vocational of Business				<input type="checkbox"/> No <input type="checkbox"/> Yes ___/___/___ Date	
Professional Education				<input type="checkbox"/> No <input type="checkbox"/> Yes ___/___/___ Date	

Extracurricular activities while in school \_\_\_\_\_

Member of professional organizations \_\_\_\_\_

Honors received, volunteer or community service or other qualifications you have which you feel are related to the position for which you are applying \_\_\_\_\_

Were you in the U.S. Armed Forces? ?  Yes  No If yes, what branch? \_\_\_\_\_

Dates of duty: From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Rank at discharge \_\_\_\_\_

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Last First Middle

**EMPLOYMENT:** (List last or present position first)

Present and Former Employers	Date Employed	Salary Range	Position and Duties
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	_____ _____ _____
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	_____ _____ _____
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	_____ _____ _____
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	_____ _____ _____
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	_____ _____ _____
Name _____ Supervisor _____ Phone _____	From _____	Starting _____	_____ _____

If your former employment references, education or military service are under a name other than indicated on front of application, please indicate: \_\_\_\_\_  
 Last First Middle Initial

Have you ever been convicted of a crime?  Yes  No Conviction of a criminal offense will not necessarily preclude your employment.  
 If yes, for what, when and where? \_\_\_\_\_

Personal Reference Name	Relationship	Telephone #	Do not Write In This Space

Notify in case of emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Social Security  
Last First Middle Number \_\_\_\_\_

**EMPLOYMENT UNDERSTANDING:** (Please read and sign)

Parkview does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, Vietnam era veteran status, or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take the physical examination, and such future physical examinations as may be required by this institution at such times and places as the institution shall designate. I understand that an offer of employment may be contingent on passing the physical examination which relates to the essential duties I would be required to perform.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

\_\_\_\_\_  
Applicant's Signature Date

**AVAILABILTY RECORD:**

Are you available to work: Holidays?  Yes  No  
Weekends?  Yes  No Rotating Shifts?  Yes  No  
Primary position desired \_\_\_\_\_ Will you accept another position?  Yes  No  
If so, what \_\_\_\_\_

Do you limit your annual earnings due to Social Security or other reasons?  Yes  No  
If yes, please state what is the maximum amount you wish to earn \_\_\_\_\_

If your availability changes, it is your responsibility to fill in an "Availability Card" indicating the changes. Such changes will be effective, then, for any future employment.

I understand that emergency conditions may require me to temporarily work shifts other than the one for which I am applying and agree to such scheduling change as directed by my department head or administration of Parkview.

\_\_\_\_\_  
Applicant's Signature Date

Name \_\_\_\_\_ Social Security  
Last First Middle Number \_\_\_\_\_

**THIS PAGE FOR INTERVIEWERS USE ONLY**

**INTERVIEWER'S COMMENTS:**

**REFERENCE AND PRIOR EMPLOYMENT CHECK:**

Individual Contacted	Name of Firm	Results of Check