

**Parkhaven**  
**Retirement and Assisted Living Community**

*Pre-Employment Application ~ An Equal Opportunity Employer*

**PERSONAL:**

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_

Position Sought \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Date Available \_\_\_\_\_ Salary Desired \_\_\_\_\_ Phone Number \_\_\_\_\_

Cell Phone \_\_\_\_\_

Social Security Number \_\_\_\_\_ Are you over 18 years old? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you legally eligible for employment in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

(If offered employment, you will be required to provide documentation to verify eligibility.)

**EDUCATION:** Please indicate education or training which you believe qualifies you for the position you are seeking.

**High School:** No. of Years Completed (circle one) 1 2 3 4

**Diploma:** \_\_\_\_\_ Yes \_\_\_\_\_ No **G.E.D.:** \_\_\_\_\_ Yes \_\_\_\_\_ No

School(s) \_\_\_\_\_ City/State \_\_\_\_\_

**College and/or Vocational School:**

**Number of Years Completed** (circle one) 1 2 3 4

School(s) \_\_\_\_\_ City/State \_\_\_\_\_

Major \_\_\_\_\_ Degrees Earned \_\_\_\_\_

Dates Attended: From \_\_\_\_\_ To \_\_\_\_\_

**Other Training or Degrees:**

School(s) \_\_\_\_\_ City/State \_\_\_\_\_

Course \_\_\_\_\_ Degrees Earned \_\_\_\_\_

Dates Attended: From \_\_\_\_\_ To \_\_\_\_\_

**PROFESSIONAL LICENSE OR MEMBERSHIP:**

Type of License(s) Held \_\_\_\_\_

State License Number \_\_\_\_\_

License Expiration Date \_\_\_\_\_

Other Professional Memberships \_\_\_\_\_

(You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.)

**SKILLS:**

Office: Data Entry/Excel or

Typewriter\_wpm. Lotus 1,2,3\_CRT\_Billing Software

\_\_\_\_WordPerfect\_\_\_\_MS Word\_\_\_\_Excel\_\_\_\_Access

Other Software Skills

**RECORD OF CONVICTION:**

During the last ten years, have you ever been convicted of a crime other than a traffic offense?

\_\_\_\_Yes\_\_\_\_No

If yes, explain:

\_\_\_\_\_  
(A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.)

**EMPLOYMENT:**

May we contact your present employer? \_\_\_\_Yes\_\_\_\_No

If any employment was under a different name, please indicate name:

Employer \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Position \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Salary \_\_\_\_\_ Supervisor \_\_\_\_\_ Department \_\_\_\_\_

Duties \_\_\_\_\_ FT \_\_\_\_ PT \_\_\_\_ Number of Hours \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**EMPLOYMENT:**

Employer \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Position \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Salary \_\_\_\_\_ Supervisor \_\_\_\_\_ Department \_\_\_\_\_

Duties \_\_\_\_\_ FT \_\_\_\_ PT \_\_\_\_ Number of Hours \_\_\_\_\_

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Salary \_\_\_\_\_ Supervisor \_\_\_\_\_ Department \_\_\_\_\_

Duties \_\_\_\_\_ FT \_\_\_\_\_ PT \_\_\_\_\_ Number of Hours \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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Employer \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Position \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Salary \_\_\_\_\_ Supervisor \_\_\_\_\_ Department \_\_\_\_\_

Duties \_\_\_\_\_ FT \_\_\_\_\_ PT \_\_\_\_\_ Number of Hours \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**REFERENCES:**

Professional 1

Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_

Professional 2

Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_

Personal 1

Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_

Personal 2

Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_

**THIS EMPLOYER IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER  
POLICY STATEMENT**

In order to provide equal employment and advancement opportunities to all individuals, employment and selection decisions will be based on merit, qualifications, and abilities. This Employer does not discriminate in employment opportunities or practices on the basis of race, color, religion, sex, marital status, national origin, age, disability, or other characteristic protected by law.

This Employer will make reasonable accommodations for qualified individuals with known disabilities unless doing so would result in an undue hardship. This policy governs all aspects of employment, including selection, job assignment, compensation, discipline, termination, and access to benefits and training.

Any employees with questions or concerns about any type of discrimination in the workplace are encouraged to bring these issues to the attention of their immediate supervisor or the Human Resource Department. Employees can raise concerns and make reports without fear of reprisal.

Anyone found to be engaging in any type of unlawful discrimination will be subject to disciplinary action, up to and including termination of employment.

I hereby authorize this Employer to inquire as to my record with any or all of my former employers and references, with the exception of \_\_\_\_\_, and understand that this Employer will suffer no liability as the result of such inquiries. An outside agency may complete an investigation for this Employer with regard to criminal background, driving record, employment history, social security number verification, and a credit inquiry. By signing this document, you are releasing any and all persons, companies, and agencies from any liability resulting from your background investigation.

\_\_\_\_\_(Signature)  
(Date)

I certify that to the best of my knowledge the information given by me in this application is correct. I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for may result in a denial of employment or dismissal if I am employed.

\_\_\_\_\_(Signature)  
(Date)

**PARKHAVEN RETIREMENT AND ASSISTED LIVING COMMUNITY  
BACKGROUND INVESTIGATION CONSENT**

I, \_\_\_\_\_, hereby authorize **Parkhaven Retirement and Assisted Living Community (Parkhaven)**, and/or its agents to make an independent investigation of my background, references, character, past employment, education, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for employment now and, if applicable, during the tenure of my employment with **Parkhaven**.

I release **Parkhaven** and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information contained herein is true and correct to the best of my knowledge:

\_\_\_\_\_  
Applicant/Employee Name and Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number \*

\_\_\_\_\_  
Date of Birth \*

\*NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for employment. **Parkhaven** is an Equal Opportunity Employer, and does not discriminate on the basis of Sex, Race, Religion, Age (40 and over), Handicap or National Origin.

**CA, MN & Oklahoma Residents please note:** In connection with your application for employment, your credit report will be obtained and reviewed. Under CA & MN law, you have a right to receive a free copy of your credit report by checking the appropriate box below. Your credit report will be mailed to you by the credit bureau. Under Oklahoma law, you have the right to receive a free copy of your consumer report.

YES, I am a California resident and would like a free copy of my credit report; or

YES, I am a California resident and would like a free copy of my investigative consumer report

YES, I am a Minnesota resident and would like a free copy of my consumer report.

YES, I am an Oklahoma resident and would like a free copy of my consumer report.

Printed Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**Employer please note:** If the consumer checks "Yes" regarding the consumer report, or if a CA consumer checks "Yes" regarding the credit report (and you do request a credit report, please fax this form to your ChoicePoint service center. If consumer checks "Yes" regarding the full consumer report, and consumer resides in CA, you will need to provide the individual with a copy of their consumer report.

Account Number: \_\_\_\_\_