PARK VIEW COMMUNITY CAMPUS
Experience a tradition of caring

APPLICATION FOR EMPLOYMENT

(Please print clearly)

Date: _____

PERSONAL INFORMATION

NAME: Last: _____ First: _____ Middle Initial: _____

ADDRESS: Street: _____ City: _____ State: _____ Zip: _____

TELEPHONE: _____ **SOCIAL SECURITY NO:** _____

If under 16 years of age, do you have a work permit? □ Yes □ No

If not a U.S. citizen, do you have the right to remain permanently and work in the U.S.A.? □ Yes □ No

Alien Reg. No: _____

EMPLOYMENT DESIRED

POSITION APPLIED FOR: _____

SHIFT YOU CAN WORK: □ Day □ Evening □ Either

HOURS DESIRED: □ Full time □ Part time □ Temporary

How did you learn of this opening: _____

Date you can start: _____

Have you ever applied to this company before? □ Yes □ No When: _____

Have you ever worked for this company before? □ Yes □ No

When: _____ Supervisor: _____

Reason for leaving: _____

_____

EDUCATION

Highest grade completed: (circle) High School: 9 10 11 12 College: 1 2 3 4

Name and location of last school attended: _____

Vocational or trade training: _____

Extracurricular activities while in school: _____

Area of specialization or major interest: _____

Professional organization memberships, honors received, volunteer or community service, or other qualifications you have which you feel are related to the position for which you are applying: _____

_____

_____

REFERENCES

List three persons who you know well. Do not include relatives or former employers.

Name: _____ Phone: _____ Years acquainted with you: _____

Name: _____ Phone: _____ Years acquainted with you: _____

Name: _____ Phone: _____ Years acquainted with you: _____

FORMER EMPLOYERS

List below your work experience, starting with your present or last place of employment.

NAME OF EMPLOYER: _____

Date employed: From _____ To _____

Address: _____

Name of Supervisor: _____ Positions held: _____

NAME OF EMPLOYER: _____

Date employed: From _____ To _____

Address: _____

Name of Supervisor: _____ Positions held: _____

NAME OF EMPLOYER: _____

Date employed: From _____ To _____

Address: _____

Name of Supervisor: _____ Positions held: _____

MAY WE CONTACT YOUR PRESENT EMPLOYER AT THIS TIME? □ Yes □ No

EMPLOYMENT UNDERSTANDING
(Please read and sign)

This institution 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 the 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 of responsibility all persons, companies or corporations supplying such information. I consent to take the physical examination, and such future physical examinations 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.

If employed, I will be required to complete an Employment Verification Form (I-9), and within three days show satisfactory evidence of identity and eligibility for employment.

Applicant's Signature: _____ **Date:** _____