



Associate Employment Application

The practice of Parkside Assisted Living and Memory Cottage is to consider all applicants for employment and to consider all employees for placement, development programs, job assignments, promotions, furloughs, and any other status changes regardless of age, ancestry, color, disability, gender, race, religion, marital status, sexual orientation or veteran status. Employment decisions shall reflect the selection of qualified candidates who meet or exceed the experience, ability, physical and educational (when applicable) requirements for the available opportunity.

Personal Information:

Last Name: _____ First Name: _____ MI _____

Address: _____

City: _____ State: _____ Zip Code: _____

Best number to call: _____ Are you over 18 years of age? Yes () No ()

Date available for work: _____ Salary Desired: _____ / hour

Position desired: _____ Full time Part time Flex

Hours of availability (Circle all that apply): Day Shift Evening Shift Night Shift

Days of availability (Circle all that apply): Sat Sun Mon Tue Wed Thu Fri

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.)

Have you ever been employed at this or any other Assisted Living Facility?
Yes () No ()

If yes: Facility _____ Employment Dates From _____ To _____

Please list job responsibilities: _____



Education:

High School	Years completed: 1 2 3 4	Diploma: Yes () No ()
Name of school: _____ City/State: _____		
Technical School	Years completed: 1 2 3 4	Diploma: Yes () No ()
Name of school: _____ City/State: _____		
College	Years completed: 1 2 3 4	Major: _____ Degree: _____
Name of school: _____ City/State: _____		

Licensures and Certifications:

Type of License/Certification	
License/Certification Number	
License/Certification Expiration Date	

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Record of Conviction:

Have you ever been convicted of a crime during the past ten (10) years? 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.)

Have you ever had an allegation of abuse/neglect substantiated against you?

Yes () No ()

If yes, explain: _____



Employment (Start with most recent employment and list previous employers from prior 5 years.):

May we contact your current employer? Yes () No ()

Employer Name: _____			
Employer Address: _____			
Phone Number: _____		Position held: _____	
Dates of employment:		From (month/year) _____	To (month/year) _____
Supervisor Name: _____		Department: _____	
Full time	Part Time	Flex	Starting Salary: _____ Ending Salary: _____
Duties/Responsibilities: _____ _____			
Reason for leaving: _____ _____			

Employer Name: _____			
Employer Address: _____			
Phone Number: _____		Position held: _____	
Dates of employment:		From (month/year) _____	To (month/year) _____
Supervisor Name: _____		Department: _____	
Full time	Part Time	Flex	Starting Salary: _____ Ending Salary: _____
Duties/Responsibilities: _____ _____			
Reason for leaving: _____ _____			



Employer Name: _____

Employer Address: _____

Phone Number: _____ Position held: _____

Dates of employment: From (month/year) _____ To (month/year) _____

Supervisor Name: _____ Department: _____

Full time Part Time Flex Starting Salary: _____ Ending Salary: _____

Duties/Responsibilities: _____

Reason for leaving: _____

Employer Name: _____

Employer Address: _____

Phone Number: _____ Position held: _____

Dates of employment: From (month/year) _____ To (month/year) _____

Supervisor Name: _____ Department: _____

Full time Part Time Flex Starting Salary: _____ Ending Salary: _____

Duties/Responsibilities: _____

Reason for leaving: _____



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Employer Address: _____

Phone Number: _____ Position held: _____

Dates of employment: From (month/year) _____ To (month/year) _____

Supervisor Name: _____ Department: _____

Full time Part Time Flex Starting Salary: _____ Ending Salary: _____

Duties/Responsibilities: _____

Reason for leaving: _____

Employer Name: _____

Employer Address: _____

Phone Number: _____ Position held: _____

Dates of employment: From (month/year) _____ To (month/year) _____

Supervisor Name: _____ Department: _____

Full time Part Time Flex Starting Salary: _____ Ending Salary: _____

Duties/Responsibilities: _____

Reason for leaving: _____



Professional Work References:

Name: _____ Title: _____ Company Name: _____ Address: _____ City, State, Zip _____ Phone: _____	Name: _____ Title: _____ Company Name: _____ Address: _____ City, State, Zip _____ Phone: _____
Name: _____ Title: _____ Company Name: _____ Address: _____ City, State, Zip _____ Phone: _____	Name: _____ Title: _____ Company Name: _____ Address: _____ City, State, Zip _____ Phone: _____

Personal References:

Name: _____ Address: _____ City, State, Zip _____ Phone: _____ Relationship: _____	Name: _____ Address: _____ City, State, Zip _____ Phone: _____ Relationship: _____
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Applicant's Certification and Agreement

I hereby certify that the facts set forth in the above Associate Employment Application are true and complete to the best of my knowledge and authorize Parkside Assisted Living and Memory Cottage to verify their accuracy and to obtain reference and relevant information regarding my work performance, my licensure status, my criminal background, and to check appropriate abuse registries and that any offer of employment is conditional on positive results from these inquiries. I hereby release Parkside Assisted Living and Memory Cottage from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment with Parkside Assisted Living and Memory Cottage. I further understand that neither the policies, rules, conditions of employment, nor anything discussed during the interview process, shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or Parkside Assisted Living and Memory Cottage may terminate my employment at any time with or without notice or cause.

I understand that to be considered for employment I must have a Level II background screening through AHCA and be eligible for employment per their guidelines. I hereby authorize Parkside Assisted Living and Memory Cottage to obtain the results of my background check.

I understand that use of my personal cell phone is permitted ONLY during designated break times in designated areas and MUST BE secured off-site in all other circumstances.

I understand that Parkside Assisted Living and Memory Cottage is a smoke-free campus with a ZERO-TOLERANCE DRUG POLICY. If employed, I agree to participate in random, unannounced drug screenings.

Applicant Signature: _____

Date: _____

Applicant Printed Name: _____