

Parkman Recovery Center
4930 Enterprise Dr.
Warren, OH 44481
P: 330.787.0955
F: 330.787.0572



Application for Employment

Date: Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability or veteran status.

Last Name: First Name: Middle Name:

Street Address:

City: State: ZIP:

Telephone: Social Security #:

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis?
You may be required to provide documentation. (check one) Yes No

Are you looking for full-time employment? (check one) Yes No If no, what hours are you available?

Are you willing to work swing shift? (check one) Yes No Are you willing to work graveyard? (check one) Yes No

Are you willing to work on an "as needed" basis? (Often called PRN) (check one) Yes No Have you ever been convicted of a felony? (This will not necessarily affect your application.) Yes No

If convicted of a felony, please describe conditions.

Employment Desired:

Position applied for:

How did you hear of this opening?

Have you ever applied for employment here? (check one) Yes No When? Where?

Have you ever been employed by this company? (check one) Yes No When? Where?

Are you presently employed? (check one) Yes No May we contact your present employer? (check one) Yes No

Are you available for full-time work? (check one) Yes No Are you available for part-time work? (check one) Yes No

Employment Desired continued:

Will you relocate? (check one)	<input type="radio"/> Yes <input type="radio"/> No	Are you willing to travel? (check one)	<input type="radio"/> Yes <input type="radio"/> No	If yes, what percent?
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Date you can start:	Desired position:	Desired starting salary:
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Please list applicable skills.

Education:

School Name and Location	Year	Major	Degree
High School:			
College:			
College:			
Post-College:			

Other Training:

In addition to your work history, are there other skills, qualifications, or experience that we should consider?

Please list any scholastic honors received and offices held in school.

Are you planning to continue your studies?
(check one)

Yes No

If yes where and what courses of study?

Employment History: (Start with most recent employer)

1. Company Name:	Address:
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Date Started:	Starting Wage:	Starting Position:
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Date Ended:	Ending Wage:	Ending Position:
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Name of Supervisor:	May we contact? (check one) <input type="radio"/> Yes <input type="radio"/> No
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Responsibilities:

Reason for leaving:

2. Company Name:	Address:
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Date Started:	Starting Wage:	Starting Position:
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Date Ended:	Ending Wage:	Ending Position:
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Name of Supervisor:	May we contact? (check one) <input type="radio"/> Yes <input type="radio"/> No
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Responsibilities:

Reason for leaving:

Employment History continued:

3. Company Name:	Address:
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Date Started:	Starting Wage:	Starting Position:
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Date Ended:	Ending Wage:	Ending Position:
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Name of Supervisor:	May we contact? (check one) <input type="radio"/> Yes <input type="radio"/> No
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Responsibilities:

Reason for leaving:

4. Company Name:	Address:
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Date Started:	Starting Wage:	Starting Position:
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Date Ended:	Ending Wage:	Ending Position:
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Name of Supervisor:	May we contact? (check one) <input type="radio"/> Yes <input type="radio"/> No
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Responsibilities:

Reason for leaving:

Employment History continued:

5. Company Name:	Address:
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Date Started:	Starting Wage:	Starting Position:
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Date Ended:	Ending Wage:	Ending Position:
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Name of Supervisor:	May we contact? (check one) <input type="radio"/> Yes <input type="radio"/> No
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Responsibilities:

Reason for leaving:



6. Company Name:	Address:
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Date Started:	Starting Wage:	Starting Position:
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Date Ended:	Ending Wage:	Ending Position:
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Name of Supervisor:	May we contact? (check one) <input type="radio"/> Yes <input type="radio"/> No
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Responsibilities:

Reason for leaving:

References: List three personal references to you who have known you for more than one year.

Name:	Phone:	Years Known:
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Address:

Name:	Phone:	Years Known:
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Address:

Name:	Phone:	Years Known:
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Address:

Emergency Contact: In case of emergency, please notify:

Name:	Phone:
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Address:

Name:	Phone:
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Address:

Please Read Before Signing:

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application.

I authorize my previous employers, schools, or persons listed as references to give any information regarding employment or educational record. I agree that this company and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions or answers made by myself on this application. In the event of any employment with this company, I will comply with all rules and regulations as set by the company in any communication distributed to the employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I am required to provide approved documentation to the company that verifies my right to work in the United States on the first day of employment. I have received from the company a list of the approved documents that are required.

I understand that employment at this company is "at will", which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I hereby acknowledge that I have read and understand the above statements.

Undersigned applicant, and if hired by Parkman Recovery Center, Employee, agrees to submit all legal claims and disputes, of every nature or kind, against Parkman Recovery Center and any of its owners, directors, managers or employees, arising out of or relating in any way to Employee's employment with, or separation of employment from, Parkman Recovery Center to final and binding arbitration in accordance with the Employment Arbitration Rules under the American Arbitration Association.

Signature

Print Name

Date