

# APPLICATION FOR EMPLOYMENT

**Parkside Homes, Inc.**

**200 Willow Road**

**Hillsboro, KS 67063**

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion or national origin. Public Law 90-202 prohibits discrimination because of age. The laws of some states prohibit some or all of the above mentioned types of discrimination. Americans with Disabilities Act of 1990 and Kansas Act Against Discrimination prohibits discrimination based on physical or mental handicap or disability.

Parkside Homes, Inc. conducts drug screens as condition of hire.

Date \_\_\_\_\_

## PERSONAL

Name (Full Legal) \_\_\_\_\_ Social Security No. \_\_\_\_\_

Prior Names Used \_\_\_\_\_

Present Address \_\_\_\_\_

No. Street City State Zip

Telephone No.(s) ( ) \_\_\_\_\_

Position(s) desired \_\_\_\_\_ Rate of pay expected \$ \_\_\_\_\_ per \_\_\_\_\_

Title and Number of license or certification (CNA, RN, LPN, or other) \_\_\_\_\_

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

If you are under 18 years of age, can you provide age verification? (Employment subject to minimum legal age verification.) Yes \_\_\_\_\_ No \_\_\_\_\_

How did you learn of this opening? \_\_\_\_\_

Are you available to work: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Temporary \_\_\_\_\_

Have you worked for us before? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when? \_\_\_\_\_

On what date would you be available to work? \_\_\_\_\_

Are you related to any Parkside Homes, Inc. employees? If so, who? \_\_\_\_\_

Are you aware of any reason you cannot perform the functions of the job for which you are applying?

Yes \_\_\_\_\_ No \_\_\_\_\_ Describe \_\_\_\_\_

Have you ever been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Are you now under pending investigation or charges of violation of criminal law? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_

What did your prior job(s) consist of? \_\_\_\_\_

## SPECIAL SKILLS & QUALIFICATIONS

Summarize special job-related skills, training, foreign languages and qualifications acquired from employment or other experience that would especially fit you for work with our organization:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EMPLOYMENT

List below present and past employment, beginning with your most recent position.

Name & Address of Company & Type of Business	From Mo./Yr.	To Mo./Yr.	Hourly Starting Wage	Hourly Ending Wage	Reason for Leaving	Name of Supervisor
Describe the work you did:						
Telephone:						
Name & Address of Company & Type of Business	From Mo./Yr.	To Mo./Yr.	Hourly Starting Wage	Hourly Ending Wage	Reason for Leaving	Name of Supervisor
Describe the work you did:						
Telephone:						
Name & Address of Company & Type of Business	From Mo./Yr.	To Mo./Yr.	Hourly Starting Wage	Hourly Ending Wage	Reason for Leaving	Name of Supervisor
Describe the work you did:						
Telephone:						
Name & Address of Company & Type of Business	From Mo./Yr.	To Mo./Yr.	Hourly Starting Wage	Hourly Ending Wage	Reason for Leaving	Name of Supervisor
Describe the work you did:						
Telephone:						

**I hereby give permission to contact the employers listed above concerning my prior work experience.**

**Signed** \_\_\_\_\_

State any additional information you feel may be helpful to us in considering your application: \_\_\_\_\_

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## EDUCATION

	Name & Location of School	Course of Study	# of Years Completed	Did you Graduate?
Graduate				
College				
Business/Trade/ Technical				
High School				
Elementary				

## REFERENCES

Give name, address, and telephone number of three references who are <b>not related</b> to you and are not previous employers.		
Name/Relationship	Address	Telephone Number
1.		( )
2.		( )
3.		( )

## APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I understand the following: 1) a pre-employment drug screen will be completed, 2) a result of "negative" must be achieved as a condition of employment, and 3) a refusal to submit to a drug test is considered as not completing the hiring process and the applicant will not be considered for future employment.

I authorize investigation of all statements contained in the application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**