

***Employment Application***

**Paradise Village is an equal opportunity employer**

We hire and promote without regard to race, color, sex, national origin, religion, marital status, age, sexual orientation, current or previous military status, or disability.

We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants to complete the employment application and process. Please inform Human Resources if assistance is required. Each section and question must be fully and accurately answered; incomplete applications will not be considered for review or employment.

***Please Print***

Name (First, Middle, Last)	Date		
Address (No. & Street)	City	State	Zip Code
Business Phone/Cell Phone	Home Phone	E-mail	

***Employment Desired***

Position applying for: \_\_\_\_\_

Are you applying for:

- Regular full-time work.....  Yes  No
- Regular part-time work.....  Yes  No
- On-Call/Per-diem work.....  Yes  No
- Temporary work, e.g. summer or volunteer work? .....  Yes  No

Are you available to work on weekends?.....  Yes  No

If applying for temporary work, during what period of time will you be available? From: \_\_\_\_\_ To: \_\_\_\_\_

What **hours** and **days** are you available for work? Please be as specific as possible.

Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
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Certain departments have shifts. Are you able to work any of the following shifts if required by the department?

**1<sup>st</sup> shift:** 6:00 am-2:30 pm  Yes  No    **2<sup>nd</sup> shift:** 2:00 pm-10:30pm  Yes  No    **3<sup>rd</sup> shift:** 10:00 pm-6:30am  Yes  No

If hired, what date can you start work: \_\_\_\_\_ Salary desired: \_\_\_\_\_

**Personal Information**

Have you ever applied to, or worked for Paradise Village or Generations, LLC? .....  Yes  No  
 If yes, when and where? \_\_\_\_\_

Do you have any friends or relatives working for Paradise Village or Generations, LLC? .....  Yes  No  
 If yes, state name(s) and relationships:

_____	_____
Name	Relationship
_____	_____
Name	Relationship

If hired, would you have a reliable means of transportation to and from work? .....  Yes  No

Are you at least 18 years old? .....  Yes  No

If hired, can you present evidence of U.S. Citizenship or legal residency status to live and work in this county?...  Yes  No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? .....  Yes  No  
 If no, please describe the functions that cannot be performed.

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

Are you currently employed?.....  Yes  No  
 If yes, may we contact your current employer? .....  Yes  No

Person to notify in case of emergency:

_____	_____	_____
Name	Cell phone or Home phone	Relationship

**Education and Training**

Circle the highest level of education completed: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18+

Level	Name, City/State	Course of Study	Years Completed/ Did you Graduate?	Diploma/Degree
Graduate School		Major	1 2 3 4 <input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University		Major	1 2 3 4 <input type="checkbox"/> Yes <input type="checkbox"/> No	
Vocational School/ Health Care Training			<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School			1 2 3 4 <input type="checkbox"/> Yes <input type="checkbox"/> No	

State any other job related education or training that may be of significance:

Licenses & Certificates	Registration Number & State	Date of Expiration

**Employment History**

List below all present and past employment starting with your most recent employer (last 5 to 8 years is sufficient). Account for all periods of unemployment. **You must complete this section even if attaching a resume.**

Name, Address and Telephone of Employer	Job Title & Brief Description of Duties	Pay Rate	Reason for Leaving
<b>Employer:</b> <b>Telephone#</b> May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No Address City      State              Zip Supervisor Name: Dates of Employment (Mo/Yr.) From:              To: Present			
<b>Employer:</b> <b>Telephone#</b> May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No Address City              State              Zip Supervisor Name: Dates of Employment (Mo/Yr.) From:              To:			
<b>Employer:</b> <b>Telephone#</b> May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No Address City                      State              Zip Supervisor Name: Dates of Employment (Mo/Yr.) From:              To:			
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