

# PARC

## Application for Employment

All applicants will be considered for employment without regards to race, gender, color, age, religion, national origin, marital status, sexual orientation, veteran's status, physical or mental disability or any other protected status under federal or state law.  
Parc is an Equal Opportunity Employer.

### Personal Information

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip Code

Phone Number: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

### Employment Data

Position title applied for: \_\_\_\_\_

Availability:  Full-time  Part-time  Sub

Shift Preference:  First  Second  Third

Date available: \_\_\_\_\_ Pay Rate Desired: \_\_\_\_\_

Have you ever applied at Parc before?  Yes  No  
If yes, when? \_\_\_\_\_

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

What prompted your application (Please be specific)?

- Advertisement - Please list newspaper or other media source: \_\_\_\_\_  
 Job Fair  
 Internet  
 Employee Referral - Please list employee name: \_\_\_\_\_  
 Other: \_\_\_\_\_

### General Information

Have you ever been convicted of a criminal offense?  Yes \*  No

If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Are you legally eligible to work in the U.S.?  Yes  No

For positions requiring a driver's license:

Do you have a valid driver's license?  Yes  No

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

A periodic check of the Public Health, Health Care Worker Registry will be conducted as required by law and company policy. Are you currently being investigated by Public Health?  Yes  No

If yes, describe: \_\_\_\_\_

\* A conviction or being currently charged with a crime does not necessarily disqualify an applicant. Do not disclose minor traffic violations or convictions / arrests that have been sealed or expunged

**Employment History**  
**(list work experience beginning with the most recent)**

Name of Employer:	
Address:	Phone Number:
Dates Employed:	Starting Title / Starting Salary:
Supervisor's Name:	Last Title / Ending Salary:
Duties and Responsibilities:	
Reason(s) for leaving:	
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name of Employer:	
Address:	Phone Number:
Dates Employed:	Starting Title / Starting Salary:
Supervisor's Name:	Last Title / Ending Salary:
Duties and Responsibilities:	
Reason(s) for leaving:	
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name of Employer:	
Address:	Phone Number:
Dates Employed:	Starting Title / Starting Salary:
Supervisor's Name:	Last Title / Ending Salary:
Duties and Responsibilities:	
Reason(s) for leaving:	
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

If you have not been employed continuously, please explain any gaps in your work history: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been discharged or asked to resign from a job?  Yes  No  
 If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Education

	Name & Address of School	Circle Last Grade Completed	Did you Graduate?	Degree / Diploma
High School		9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College / University		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Special Training				

List any professional or occupational license, registration, or certification you currently hold. List any specialized knowledge, skills or abilities you possess (e.g. typing, word processing, shorthand, computer use, software, clinical skills, etc.) If licensure or certification is required for position applying for, a copy of the document must accompany the application.

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## References (personal or professional references who are not related)

Name	Address	# Years Known	Phone
1.			
2.			
3.			

Do you know anyone that works for Parc?       Yes       No

Please list: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please write a brief paragraph explaining why you are interested in a position with Parc:

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**Applicant's Statement**

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I certify that the statements made in this employment application are true and complete to the best of my knowledge and belief. I authorize Peoria Association for Retarded Citizens, Inc. (Parc) to make inquiries into any and all information given in this application and during the interviewing process. I hereby release all parties from any and all liability of whatever kind and nature which, at any time, that could result from obtaining such information.

I acknowledge and agree that:

1. Any misrepresentation, falsification, or omission of any facts in this employment application may result in this application being void and termination of employment without liability to Parc whenever discovered.
2. As a condition of hire and conditional employment, I will consent to the collection of urine, and/or blood or breath specimens from me. I agree to the testing of such specimens for alcohol, drugs, or their metabolites. I agree to the release of those test results and other relevant medical information to Parc. I acknowledge receipt of a written explanation of the entire screen procedure, including information on the conditions under which a specimen is to be produced, the chain-of-custody procedures, and the nature in which the test results will be reported.
3. This application and/or anything said during the interviewing process does not 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 Parc may terminate my employment at any time with or without notice or cause.
4. Parc may review my name against the Health Care Worker Registry in accordance with and mandated by the Department of Human Services and maintained by the Illinois Department of Public Health. In the event that there is a finding of abuse, neglect or misappropriation of property, I will not be hired.
5. If hired, I agree to comply with all rules, procedures, and regulations set forth by the Management and Board of Directors of Parc. The Management and Board of Directors reserve the right to change these rules, policies, and procedures at any time.

I have read the above statements, I understand them and agree with them. I understand that this application is void after 30 days, for all applicants, and that I must submit a new application if I want to be considered for employment after that time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_