



Received Date

**For Human Resource Use Only**

Recruiter \_\_\_\_\_  
 Forward To \_\_\_\_\_  
 \_\_\_\_\_  
 Hired/Requisition # \_\_\_\_\_

Applicant Last Name      First Name      Full Middle Name      Maiden Name/Other Names      Application Date

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Address Street / PO Box / Apt. No.      City      State      Zip Code      County      E-mail Address

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Social Security #      Telephone – Home      Work      Message      Emergency Contact – Name & Phone

- -	( ) _____	( ) _____	( ) _____	
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Are you at least 21 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	How did you hear about this job opportunity? <input type="checkbox"/> Parkside Website <input type="checkbox"/> Newspaper or Magazine (Name) _____ <input type="checkbox"/> Employee (Who) _____ <input type="checkbox"/> Job Fair (Where) _____ <input type="checkbox"/> On Line Job Site (Name) _____ <input type="checkbox"/> Other _____
Are you able to perform the duties of the job with or without reasonable accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>Conviction will not necessarily disqualify an applicant from employment.</small>	Have you ever been employed/applied with Parkside? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____	List relatives currently employed with Parkside _____ _____
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	Position Desired	Shift	Department
First Choice			
Second Choice			
Third Choice			

<b>Job Classification:</b> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Occasional/PRN <input type="checkbox"/> Temporary <b>Shift Preference:</b> <input type="checkbox"/> 7-3 <input type="checkbox"/> 3-11 <input type="checkbox"/> 11-7 <input type="checkbox"/> 7a-7p <input type="checkbox"/> 7p-7a <input type="checkbox"/> Other _____	Salary or Wage Expected \$ _____	Date Available
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**Professional Licensures**

Original State \_\_\_\_\_ License Type \_\_\_\_\_ License # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Additional State \_\_\_\_\_ License Type \_\_\_\_\_ License # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Is your license restricted?  Yes  No If Yes, what accommodations are necessary? \_\_\_\_\_

Education	Name and Location of School	Diplomas/Degrees Received	Date Degree Conferred
Secondary School (High School)			
Trade School			
College			
Graduate School			

If no formal education, date GED Received? \_\_\_\_\_

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

List your employers for the last ten years beginning with the most recent. Include as a separate item, all periods of unemployment exceeding ninety days, military service and schooling. A resume will NOT be accepted in lieu of the completed Work History section of this application.

**WORK HISTORY**

Employer Name	Address	City	State	Zip Code
_____				
Employment Dates (Mo/Yr)	Ending Salary	Job Title	Name of Supervisor	Phone Number
From _____ To _____	_____	_____	_____	_____
Job Duties: _____				
_____				
Reason For Leaving this Employer: _____				

Employer Name	Address	City	State	Zip Code
_____				
Employment Dates (Mo/Yr)	Ending Salary	Job Title	Name of Supervisor	Phone Number
From _____ To _____	_____	_____	_____	_____
Job Duties: _____				
_____				
Reason For Leaving this Employer: _____				

Employer Name	Address	City	State	Zip Code
_____				
Employment Dates (Mo/Yr)	Ending Salary	Job Title	Name of Supervisor	Phone Number
From _____ To _____	_____	_____	_____	_____
Job Duties: _____				
_____				
Reason For Leaving this Employer: _____				

**Professional References familiar with work performed:**

Name	Occupation	Phone Number	Address	City	State	Zip Code
_____	_____	_____	_____	_____	_____	_____
Name	Occupation	Phone Number	Address	City	State	Zip Code
_____	_____	_____	_____	_____	_____	_____
Name	Occupation	Phone Number	Address	City	State	Zip Code
_____	_____	_____	_____	_____	_____	_____

**Signature**

I hereby authorize **Parkside Psychiatric Hospital & Clinic (Parkside)**, to obtain from my former employers all data and records, including the same from a consumer reporting agency needed to support this application. I hereby release my former employers and individuals connected therewith, and further release Parkside, from all liability for any damage whatsoever incurred in furnishing such information. I hereby certify that the foregoing statements are to the best of my knowledge true and correct, and I agree that any misstatements or omissions of material facts will constitute grounds for denial of or dismissal from employment. I hereby acknowledge that I am willing to work the scheduled shifts. I AM AWARE MY EMPLOYMENT IS CONDITIONED UPON THE SUCCESSFUL COMPLETION OF A POST-OFFER TEST FOR SUBSTANCE ABUSE, BACKGROUND CHECK, AND RECEIPT OF VALID DOCUMENTATION VERIFYING MY ELIGIBILITY FOR EMPLOYMENT. In consideration of my employment, I agree to conform to all local, state, and federal laws, and to the rules, regulations, policies, and procedures of Parkside. In addition, I understand and agree that any employee handbook, which I may receive, will not constitute an employment contract, but will be a general statement of Parkside policies. I further understand that employment is at will.

May we contact your present employer?  Yes  No Date \_\_\_\_\_ Applicant Signature \_\_\_\_\_

# RELEASE AND AUTHORIZATION

In connection with my Employment Application with Parkside Psychiatric Hospital & Clinic (Parkside) or as a current employee of Parkside, I understand and acknowledge that an investigative background inquiry will be made, which may include but not be limited to, an inquiry into my criminal, driving and other records and reports. I further understand and acknowledge that these reports may include past employment performance and experience, and reasons for my termination from past employers.

I further understand and acknowledge that as a part of their inquiry, Parkside may request appropriate private or governmental agencies to conduct a criminal background check on me and to report the results of that background check to Parkside. I understand that an unsatisfactory record will be grounds for unfavorable consideration or dismissal from employment.

I hereby voluntarily and knowingly authorize Parkside to engage in the above described inquiries, and further authorize any present employer or supervisor, past employer or supervisor, college, university or other institution of learning, administrator, law enforcement agency, state agency, private business, military branch, personal reference, and/or other persons, to give records or information that they may have concerning my criminal history, motor vehicle history, character, and employment records requested by Parkside.

I further understand that any omission, misrepresentation or falsification of information in response to any question during the application process or during my employment with Parkside may result in my being refused employment or, if already in the employment of Parkside, my immediate termination.

I voluntarily, knowingly and unconditionally release Parkside and any person, agency or provider of information to Parkside from any and all liability, resulting from the furnishing of any information covered by this Release and Authorization. This authorization shall be valid during the pre-employment process and throughout any employment with Parkside.

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Print Full Name \_\_\_\_\_

What other names have you been known by, including maiden name? \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Have you lived out of the State of Oklahoma during the last 3 years?  Yes  No, If yes, List all states

and/or Territories: \_\_\_\_\_

State where Drivers License is issued: \_\_\_\_\_ DL Number \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_