

THE FRANCIS E. PARKER MEMORIAL HOME

501 Easton Avenue at Landing Lane
New Brunswick, NJ 08901
(732)545-3110

443 River Road
Highland Park, NJ 08904
(732) 247-1656

1421 River Road
Piscataway, NJ 08854
(732)545-8330

APPLICATION FOR EMPLOYMENT

Applicants are considered for all positions without regard to race, color, religion, gender, sexual orientation, national origin, age, citizenship, or a non-job related disability or handicap.

Today's Date: _____

Check Job(s) for which you are applying:

CNA LPN RN Certification/License # _____ State _____
Expiration Date _____ Year first obtained certification/license: _____

Food Service Aide Cook Housekeeper Maintenance Clerical
 Recreation Supervisor/Mgr. Dept. Head Other _____

Check Schedule you can work:

Full time Part time Doesn't matter Weekends ok Weekends **NOT** ok

Shift Preference: 7am-3pm 3pm-11pm 11pm-7am Other _____ Doesn't matter

Prefer: Nursing Homes Assisted Living/Adult Day Health Doesn't matter

Please print

Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Telephone #: _____ Cell #: _____

E-mail address: _____

Do you have a valid NJ driver's license? Yes No Are you over 18 yrs. old? Yes No

What salary do you expect to receive? \$ _____ When can you start? _____

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

Have you ever worked or attended school under another name? Yes No

If yes, please provide name & reason: _____

Have you ever worked for, or volunteered at, Parker Home? Yes No If yes, please provide dates & job title or volunteer activity: _____

Have you ever filled out an application for Parker Home before? Yes No

Who referred you to Parker Home? _____

Are you related to anyone currently employed by Parker Home? Yes No

If yes, please provide name & relationship: _____

Emergency Notification: Name: _____ Relationship: _____

Home phone # _____ Cell # _____ Work # _____

To the best of your knowledge, are you physically and mentally able to perform the duties of the position for which you have applied? Yes No

If no, please explain _____

Military Service Yes No Branch: _____ Dates: From _____ To _____

Honorable Discharge? yes no Please explain _____

Have you ever been convicted of a crime? Yes No If yes, please explain.

Name, Location of High School, Technical School, College	Major Subject	Name of Degree/Certificate	Completed Yes/No

What are your strengths?

What are your weaknesses?

What are your long range goals? _____

[Optional] Do you consider yourself Hispanic/Latino Asian Am.Ind./Alaskan White
 Native Hawaiian/Pacific Islander Black/African American Two or more Races

Please provide the following information for the **past 10 years**. If additional space is needed, please add paper.

Current Employer: _____

Telephone Number _____ Your salary \$ _____

Address: _____ City: _____ State: _____ Zip: _____

Dates of Employment: From _____ To _____

Job Title & Responsibilities: _____

Your Supervisor's Name & Title: _____

Reason for Leaving: _____

May we contact your current employer for a reference? yes no

Past Employer: _____

Telephone Number _____ Your salary \$ _____

Address: _____ City: _____ State: _____ Zip: _____

Dates of Employment: From _____ To _____

Job Title & Responsibilities: _____

Your Supervisor's Name & Title: _____

Reason for Leaving: _____

Past Employer: _____

Telephone Number _____ Your salary \$ _____

Address: _____ City: _____ State: _____ Zip: _____

Dates of Employment: From _____ To _____

Job Title & Responsibilities: _____

Your Supervisor's Name & Title: _____

Reason for Leaving: _____

Have you had more jobs than those listed above? no yes If yes, how many more years of work history? ____ If any of them were in health care, please say how many years. _____

Please print the name, telephone number and relationship of three other references.

_____ [please initial] I certify that the information provided above is true and complete to the best of my ability and I understand and agree that any misrepresentation or omission on this application or related papers, or made during an oral interview may result in refusal of employment or be considered as grounds for dismissal.

_____ [please initial] Parker Home may make an investigation of my history and may verify all data provided in this application, related papers or an oral interview. I allow such investigation and release from liability, Parker Home and/or any person or company giving or refusing such information.

_____ [please initial] I understand that this application is not, and is not intended to be a contract of employment; and that, if hired, my employment is 'at-will', for no definite period and may be ended at any time without prior notice, without liability for wages, salary or any benefits except those earned up to the date of separation. If employed by Parker, I agree to undergo medical examinations at any time at the option of Parker. I also understand and agree that I will abide by Parker's rules and regulations. I read, understand and agree to the above. SIGNATURE _____ Date _____

Interviewed by: _____ Date: _____ Notes: _____ _____ _____ _____ _____ _____ _____ <input type="checkbox"/> Hire <input type="checkbox"/> Do Not Hire. Reason: _____ Interviewers: attach additional	Interviewed by: _____ Date: _____ Notes: _____ _____ _____ _____ _____ _____ _____ <input type="checkbox"/> Hire <input type="checkbox"/> Do Not Hire Reason: _____ paper , if necessary
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TO BE COMPLETED BY HUMAN RESOURCES AFTER JOB OFFER IS ACCEPTED

ADP file # _____ SS# _____ Verified

Name (as on SS card) _____

Address: _____

Female Male Phone# _____ Cell# _____

Department: _____ Primary Location: NB Pisc Evgrn Stngate

NOT exempt. Hourly rate: \$ _____ Shift Differential Rate: \$ _____

Exempt. Annual Rate: \$ _____ (Bi-wkly: \$ _____)

40 hrs 24hrs 32 hrs PTI (16 hrs per wk.) Per Diem (Min. 8 hrs. in 90 days)

EEOC: Administrative Support Service (inc.CNA) Technician (inc. LPN) Craft
 Operatives Laborers Professional (inc.RN) Mid-level Mgrs Executive/Sr.Officials

Start Day & Date: _____ Date of Birth: _____ Eden Neighborhood: _____

Schedule: 7a-3p 3p-11p 11p-7a Other: _____ Alternate Wkends yes no

Job Title: _____ Replaces _____

<input type="checkbox"/> I9 completed <input type="checkbox"/> Copy of SS card attached <input type="checkbox"/> License/Certification verified & attached <input type="checkbox"/> W4 attached <input type="checkbox"/> Ee Referral Form attached <input type="checkbox"/> Sent for Uniforms <input type="checkbox"/> Job List Posted <input type="checkbox"/> Reference/Clearance attached <input type="checkbox"/> Signed Job Description attached <input type="checkbox"/> Sent for Physical <input type="checkbox"/> Rolodex Entry <input type="checkbox"/> ADP entry

Dept.Head Hiring Authorization Signature _____ Date _____