

APPLICATION FOR EMPLOYMENT

Gowin Parc of Mattoon  
300 Lerna Road South  
Mattoon, IL 61938  
(217) 234-3003  
FAX: (217) 234-3083

Gowin Parc of Pana  
340 Illinois Route 29  
Pana, IL 62557  
(217) 562-3004  
Fax: (217) 562-3081

EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

All persons should have the opportunity to be considered for employment without regard to their race, color, religion, national origin or ancestry, handicap or disability, sex, marital status, obligation to serve in the armed forces of the United States, citizenship, or any other characteristic protected by applicable federal or state law. All employees must take drug/alcohol test as a condition of employment.

Date \_\_\_\_\_

Name \_\_\_\_\_

Last First Middle Initial

Address \_\_\_\_\_

Street City State Zip

Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Position Applied for \_\_\_\_\_ Salary Desired \_\_\_\_\_

Are you applying for: Full Time Part Time (how many days? \_\_\_\_\_) Temporary

Shift Preference: Day Evening Night

AVAILABILITY

- Mon
- Tues
- Wed
- Thu
- Fri
- Sat
- Sun

Preferred Occasional Fill-in Unavailable

Can you submit proof of legal employment authorization and identity? Yes No

Are you 18 or older? Yes No

Have you ever been convicted of any crime other than a minor traffic violation? Yes No

A criminal conviction will not necessarily be a bar to employment. To help us evaluate your application, please describe the nature of the crime and your subsequent rehabilitation.

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

Have you ever been disciplined for resident abuse? Yes No

Do you have relatives or friends employed by Gowin Parc? Yes No Name \_\_\_\_\_

Have you ever been employed by Gowin Parc before? Yes No Date \_\_\_\_\_

How were you referred and why are you interested in working at Gowin Parc?

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Please describe any experience you have had working with the elderly or someone with Alzheimer's Disease / Dementia

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Employment History Please provide all employment information for your past three employers

Most Recent

Employer \_\_\_\_\_ Position held \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Dates employed From \_\_\_\_\_ to \_\_\_\_\_

Salary

Start \_\_\_\_\_ end \_\_\_\_\_

Job summary \_\_\_\_\_

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Reason for leaving \_\_\_\_\_ May we contact? Yes No

Comments \_\_\_\_\_

Employer \_\_\_\_\_ Position held \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Dates employed From \_\_\_\_\_ to \_\_\_\_\_

Salary

Start \_\_\_\_\_ end \_\_\_\_\_

Job summary \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving \_\_\_\_\_ May we contact? Yes No

Comments \_\_\_\_\_

\_\_\_\_\_

Employer \_\_\_\_\_ Position held \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Dates employed From \_\_\_\_\_ to \_\_\_\_\_

Salary

Start \_\_\_\_\_ end \_\_\_\_\_

Job summary \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving \_\_\_\_\_ May we contact? Yes No

Comments \_\_\_\_\_

\_\_\_\_\_

#### EDUCATIONAL HISTORY

School Name and Address \_\_\_\_\_

Course of Study \_\_\_\_\_

Last Year Completed \_\_\_\_\_

List Diploma, Degree(s) Obtained

High School

1 2 3 4

College(s)

1 2 3 4

5 6 7 8

Other

#### REFERENCES

Please list 3 references – these include persons in academic institutions, volunteer organizations, professional relationships, etc. Provide Address, Phone, Relationship/Years Known  
Not friends or relatives.

Name

1.

2.

3.

#### AUTHORIZATION

I authorize investigation of all statements contained herein including a criminal background check and the references and employees listed herein to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from the utilization of such information.

In consideration of my employment I agree to conform to the rules and regulations of this company and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice at any time, at the option of either this company or myself. I also understand and agree that the terms and conditions of my employment may be changed with or without cause and with or without notice at any time by this company. I understand that no representative of this company, other than its Administrator, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I certify that I have read and understand the foregoing paragraphs. I further certify that all the information submitted by me on the application is true and complete to the best of my knowledge, and I understand that any false information, omissions, or misrepresentations of facts called for on this application may be cause for the denial of my application, or if I am employed, discharge at any time. As a condition of employment, I hereby consent to testing for drug and alcohol use, determined to be appropriate by management, either before being hired or at any time during my employment with this company.

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