

# APPLICATION FOR EMPLOYMENT

**ParkMed, Incorporated**

PO Box 270029

Tampa, FL 33688-0029

Telephone: (877) 398-7275

E-mail: [HR@parkmed.org](mailto:HR@parkmed.org)

**GENERAL INSTRUCTIONS:** Complete every question on all four pages of application. Your application will not be considered if it is incomplete. Read the terms of employment carefully. Print your answer to every question in blue or black ink. If a question does not apply, indicate "N/A." All information provided in this application will be treated confidentially except where permission for the release of the information is provided. ParkMed, Incorporated is an Equal Opportunity Employer. We are committed to the recruitment and selection of the most competent persons who have qualifications commensurate with the responsibility of each position. We are committed morally and legally to the support of all laws concerning non-discrimination, equal employment opportunity and individual freedom of choice for all individuals regardless of race, sex, color, religion, national origin, ancestry, physical or mental disability, marital status or age.

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## PRE-EMPLOYMENT AND DRUG SCREENING IS REQUIRED

Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital, or veteran status, or disability

**(PLEASE PRINT)**

Date of Application \_\_\_\_\_

Position(s) Applied for \_\_\_\_\_

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## PERSONAL DATA

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

\_\_\_\_\_  
Present Address – Number and Street                          City                          State                          Zip Code

\_\_\_\_\_  
Daytime Phone:    Cell Phone/Beeper:    E-mail Address:

\_\_\_\_\_  
Social Security #    Birth Date:

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## EMPLOYMENT DATA

Minimum Salary Requirements: \_\_\_\_\_ On What dates are you available for work? \_\_\_\_\_

Are you available to work  Full-time  Part-time  Weekends

Shift:  Weekdays  Weekends  Evenings  Nights  On Call/Flex  Other \_\_\_\_\_

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**MOTOR VEHICLE LICENSE**

Driver's License Number: \_\_\_\_\_ Number of tickets you had in three years: \_\_\_\_\_

State Issued: \_\_\_\_\_ Issued Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Class \_\_\_\_\_

Has your Driver's License ever been suspended or revoked? [ ] Yes [ ] No

If yes, please explain: \_\_\_\_\_

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**GENERAL DATA**

Have you ever filed an application here before? [ ] Yes [ ] No If Yes, give date: \_\_\_\_\_

Have you ever been employed by ParkMed, Inc.? [ ] Yes [ ] No

If Yes: When \_\_\_\_\_ Where \_\_\_\_\_ Position \_\_\_\_\_

Name if different than above: \_\_\_\_\_

Do you have any relatives currently employed here? [ ] Yes [ ] No Name of Employee \_\_\_\_\_

Are you employed now? [ ] Yes [ ] No May we contact your present employer? [ ] Yes [ ] No (A reference from your most recent employer may be required before a final job offer is made)

Have you ever been fired by an employer? [ ] Yes [ ] No

If yes, please explain: \_\_\_\_\_

Are you able to drive a stick shift vehicle? [ ] Yes [ ] No

Are you able to stand and run for extended period of time? [ ] Yes [ ] No

Are you under 19 years of age? [ ] Yes [ ] No

Is your driver's license revoked or suspended? [ ] Yes [ ] No

Do you depend on something other than your own reliable transportation to get to work? [ ] Yes [ ] No

You must maintain a professional appearance. Do you plan to alter your appearance while employed? [ ] Yes [ ] No

**Note:** For driving/transportation jobs only, if your driver's license is from another state and driving is required by the job, and you are offered employment, you will be required to obtain a copy of your valid Driver's license and DMV report.

Have you ever been convicted of a misdemeanor or felony [ ] Yes [ ] No

If yes, please explain: \_\_\_\_\_

Have you ever been convicted of a criminal offense related to health care, excluded, debarred or ineligible from participation in any Medicare or Medicaid or other health-care program or any other state or federally funded program [ ] Yes [ ] No

If yes, please explain: \_\_\_\_\_

EDUCATION	High	College/University	Graduate/Professional
School Name			
Years Completed (circle)	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree			

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**SKILLS & TRAINING, Etc**

Typing/Word Processing – WPM \_\_\_\_\_ Business Office Equipment: \_\_\_\_\_

Computers (Check all that apply); WordPerfect [ ] Word [ ] Excel [ ] Lotus [ ] PowerPoint [ ] Access [ ]

Other applicable skills/experience: \_\_\_\_\_

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**EMPLOYMENT EXPERIENCE:**

*Please complete the following, even if you are attaching a resume. Start with your present or last job. Include military service assignments and volunteer activities.*

1. \_\_\_\_\_  
Employer: \_\_\_\_\_

Address – Number and Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Job Title: \_\_\_\_\_ Supervisor \_\_\_\_\_

Employment Dates: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Starting Pay Rate: \$ \_\_\_\_\_ Last Pay Rate: \$ \_\_\_\_\_

Reason For Leaving \_\_\_\_\_

May we verify with Employer? Yes [ ] No [ ]

Position Held \_\_\_\_\_

2. \_\_\_\_\_  
Employer: \_\_\_\_\_

Address – Number and Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Job Title: \_\_\_\_\_ Supervisor \_\_\_\_\_

Employment Dates: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Starting Pay Rate: \$ \_\_\_\_\_ Last Pay Rate: \$ \_\_\_\_\_

Reason For Leaving \_\_\_\_\_

May we verify with Employer? Yes [ ] No [ ]

Position Held \_\_\_\_\_

3. \_\_\_\_\_  
Employer:

Address – Number and Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Job Title: \_\_\_\_\_ Supervisor \_\_\_\_\_

Employment Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Starting Pay Rate: \$ \_\_\_\_\_ Last Pay Rate: \$ \_\_\_\_\_

Reason For Leaving \_\_\_\_\_

May we verify with Employer? Yes [ ] No [ ]

Position Held \_\_\_\_\_

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### APPLICANT'S CERTIFICATION AND AGREEMENT

*(Please Read Carefully)*

In consideration of being employed, I understand and agree that:

1. My signature on this application certifies that the facts documented herewith are true and correct without consequential omission. I understand if I misrepresent or deliberately leave out a fact in my application, I may be refused employment or if employed I may be terminated.
2. ParkMed, Incorporated has my authorization to thoroughly investigate my work and personal history and I hereby consent to take any test, whenever the employer deems it necessary in any employer investigation. I authorize any company, school, and persons to release any information regarding my employment, character, and qualifications and hereby release any company, school, and persons from all liability for any damage for issuing such information.
3. If employed, I understand that any employment with ParkMed, Incorporated may be terminated at any time without notice or cause, and that the employer may terminate or modify the employment relationship at any time, without prior notice or cause, when it is deemed to be in the best interest of the organization. In consideration of my employment, I agree to conform to the rules and regulations of the employer as outlined in the Policy and Guidelines of ParkMed, Incorporated.
4. The needs of the employer may make the following conditions mandatory: overtime, shift work, rotating work schedule, or a work schedule other than Monday through Friday. I accept these conditions of employment.
5. If employed, I understand that upon an offer of employment I must complete an employee health, physical capacity, and drug screen. If I do not meet the health requirements of my position, I will be ineligible for continued employment.
6. I understand that any employment with ParkMed, Incorporated is voluntarily entered into and I am free to resign at any time.
7. If employed, I understand that my employment is for no definite period of time, and if terminated, the employer is liable only for wages or salary earned as of the date of termination.
8. This application is current and active for only six months. At the conclusion of this time, if I have not had any contact from the employer and still wish to be considered for employment, it will be necessary for me to fill out a new application.
9. I understand that Neither ParkMed, Incorporated nor I have entered into a contract of employment, expressed or implied.

**If employed, I understand that I must abide by ParkMed's established Service Excellence standards and realize that ParkMed is committed to continuing the ParkMed's tradition of service excellence and considers this standard a priority of this organization.**

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_