

APPLICATION FOR EMPLOYMENT

ParkMed Hospitality

PO Box 270029

Tampa, FL 33688-0029

Telephone: (877) 398-7275

E-mail: 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 Hospitality 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.

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 _____

PERSONAL DATA

Last Name	First	Middle
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Present Address – Number and Street	City	State	Zip Code
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Daytime Phone:	Cell Phone/Beeper:	E-mail Address:
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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 _____

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: _____

GENERAL DATA

Have you ever filed an application here before? ☐ Yes ☐ No If Yes, give date: _____

Have you ever been employed by ParkMed Hospitality? ☐ 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			

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: _____

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

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 Hospitality 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 Hospitality 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 Hospitality.
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 Hospitality 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 Hospitality nor I have entered into a contract of employment, expressed or implied.

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

Date _____ Signature of Applicant _____