

# Application for Employment



**Parkinson's Institute  
and Clinical Center**

## Instructions for Application Process

All applicants must complete the Application for Employment.  
Applications must indicate a job number and are accepted for current openings only.  
The application must be completed fully and legibly, even if attaching a resume/CV.  
Please read the EEO Statement and Privacy Notification

Date of application
Position applying for

## Personal Information

Legal name (First or forename, middle name, last or surname; Do not include aliases or nicknames.)

Correspondence address (street, city, state, zip code)

Home Phone Number

Cell Phone Number

Email address

Are you at least 18 years old? Yes  No

If hired, can you provide identification and verification of your legal right to work in the United States? Yes  No

Have you ever been employed by the Parkinson's Institute? Yes  No

If yes, specify dates and the name, if different, you worked under.

Do you have any friends or relatives employed at the Parkinson's Institute? Yes  No

If yes, provide name(s) and relationship(s).

Did a current employee of the Institute refer you to the position for which you are applying? Yes  No

If yes, provide name of employee.

Have you ever been convicted of a felony? Yes  No   
Have you ever been convicted\* during the last 10 years of a job-related criminal offense? Yes  No

If yes, state nature of the crime(s), name of court that administered the conviction and country, and disposition of the case.

\*Conviction includes plea, verdict or finding of guilt, regardless of whether a sentence was imposed by the court. A conviction will not necessarily disqualify you from employment.

## Education and Training

	Name & Location	Graduated Yes or No	Type of degree, certificate, diploma	Course of study / major
High School, GED, Training Scheme				
Vocational or Technical School				
College or University				
College or University				
Other				

List any professional licenses, registration or certification

Type	State Issued	License No.	Expiration Date

Has your license, registration, or certification ever been revoked or suspended? Yes  No

If yes, state reason(s), date of revocation or suspension, date of reinstatement.

List other **job related** skills: (including military training, special training, equipment you operate, and fluency with languages, if languages are required in the position for which you are applying. You may exclude activities in protected classes as listed above and defined by applicable governmental laws.)

## Employment History

List your current or most recent employer first and include military experience. Account for all employment for the past 10 years and explain any gaps in employment during that time. You may include verifiable volunteer experience and internships. You may exclude the names of organizations, which are protected classes as defined by applicable government laws. If more space is required, turn to back page and complete

**Name(s) under which you were employed**

<b>Employer</b> (current or most recent)	Hire date	Separation date
Address	Starting salary	Ending salary
	Date of last salary increase (month/year)	
Position or Title <span style="float: right;">Part-time <input type="checkbox"/> Full-time <input type="checkbox"/></span>	Bonus	
Responsibilities (You may state "see resume" or "see CV")	Other (explain)	
	Name of immediate supervisor	
	Phone number of supervisor	
Reason for leaving or wanting to leave	May we contact your current or most recent employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Employer</b>	Hire date	Separation date
Address	Starting salary	Ending salary
	Is salary indicated per hour, work week, month or year?	
Position or Title <span style="float: right;">Part-time <input type="checkbox"/> Full-time <input type="checkbox"/></span>	Bonus	
Responsibilities (You may state "see resume" or "see CV ".)	Other (explain)	
	Name of immediate supervisor	
	Phone number of supervisor	
Reason for leaving	Resigned? Yes <input type="checkbox"/> No <input type="checkbox"/>	Terminated? Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Employer</b>	Hire date	Separation date
Address	Starting salary	Ending salary
	Is salary indicated per hour, work week, month or year?	
Position or Title <span style="float: right;">Part-time <input type="checkbox"/> Full-time <input type="checkbox"/></span>	Bonus	
Responsibilities (You may state "see resume" or "see CV ".)	Other (explain)	
	Name of immediate supervisor	
	Phone number of supervisor	
Reason for leaving	Resigned? Yes <input type="checkbox"/> No <input type="checkbox"/>	Terminated? Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>Employer</b>	Hire date	Separation date
Address	Starting salary	Ending salary
	Is salary indicated per hour, work week, month or year?	
Position or Title Part-time <input type="checkbox"/> Full-time <input type="checkbox"/>	Bonus	
Responsibilities (You may state "see resume" or "see CV ".)	Other (explain)	
	Name of immediate supervisor	
	Phone number of supervisor	
Reason for leaving	Resigned? Yes <input type="checkbox"/> No <input type="checkbox"/>	Terminated? Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Employer</b>	Hire date	Separation date
Address	Starting salary	Ending salary
	Is salary indicated per hour, work week, month or year?	
Position or Title Part-time <input type="checkbox"/> Full-time <input type="checkbox"/>	Bonus	
Responsibilities (You may state "see resume" or "see CV ".)	Other (explain)	
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Position or Title Part-time <input type="checkbox"/> Full-time <input type="checkbox"/>	Bonus	
Responsibilities (You may state "see resume" or "see CV ".)	Other (explain)	
	Name of immediate supervisor	
	Phone number of supervisor	
Reason for leaving	Resigned? Yes <input type="checkbox"/> No <input type="checkbox"/>	Terminated? Yes <input type="checkbox"/> No <input type="checkbox"/>

Professional References			
Please list three managers, business associates or instructors (other than relatives) who have knowledge of your qualifications.			
Name	Phone	Organization	
Job Title	Email	Work relationship to you	
Name	Phone	Organization	
Job Title	Email	Work relationship to you	
Name	Phone	Organization	
Job Title	Email	Work relationship to you	

**Equal Employment Opportunity**

Parkinson's Institute ("Institute") is committed to the principle of equal employment opportunity for all employees and to providing employees with a work environment free of discrimination and harassment. All employment decisions at the Parkinson's Institute are based on business needs, job requirements and individual qualifications, without regard to race, color, religion or belief, national, social or ethnic origin, sex (including pregnancy), age, physical, mental or sensory disability, HIV status, sexual orientation, gender identity and/or expression, marital, civil union or domestic partnership status, past or present military service, family medical history or genetic information, family or parental status, or any other status protected by appropriate laws and regulations. The Parkinson's Institute will not tolerate discrimination or harassment based on any of these characteristics. If you require a reasonable accommodation to complete the employment application process, please contact the human resources office at hr@ParkinsonsInstitute.org.

**Privacy Notification**

The principal purpose for collecting information on the Application for Employment is to evaluate qualifications for employment. Furnishing the information is mandatory. Failure to provide the information will preclude consideration of application for employment. Information supplied on this form may be used by various departments for Human Resources administration and will be transferred to the appropriate government agencies if required by law.

**PLEASE CAREFULLY READ THE FOLLOWING BEFORE SIGNING.**

**I authorize:**

- That all information provided by me on this employment application and in the course of applying for employment at the Parkinson's Institute (including information provided by me during the hiring process such as resume/C.V., interview responses) is truthful and accurate and hereby authorize the Parkinson's Institute to verify the same.
- And release from liability any company, person, or educational institute I listed on my employment application to disclose any information they may have regarding my qualifications for employment, including but not limited to employment dates, descriptions of jobs performed, salary and wage history, circumstances of departure, personal work related attributes and transcript and if available, faculty appraisals.
- Any appropriate licensing board to release full information concerning my licensure status and my licensure history.

**I understand and agree that if I am offered and accept employment at the Parkinson's Institute:**

- At any time thereafter it is discovered that any information provided by me on this employment application or in the course of applying for employment at the Parkinson's Institute (including information provided by me during the hiring process) is found to be false, untruthful, misleading or I have made an omission of information, the Institute in its sole discretion in making a decision regarding my employment may subject me to immediate termination.
- My employment will be for no definite term and employment "at will" which may be terminated by myself or by the Parkinson's Institute at any time with or without notice and with or without cause.
- That the at-will employment relationship is the only agreement as to the nature of the employment relationship and cannot be changed verbally or in writing unless a writing expressly states that it is modifying the at-will nature of the employment relationship and is signed by the Chief Executive Officer of the Parkinson's Institute and me.
- I will comply with the Parkinson's Institute's rules and regulations and will cooperate in any reasonable security investigation. I will also comply with the Institute's drug-free work environment and non-smoking facilities.
- Upon hire, I must furnish proof of identity and employment eligibility in accordance with the United States Federal law and the regulations of the Immigration and Naturalization Service.
- By submitting an application for employment, I do hereby acknowledge and represent that I am not presently a party to an employment agreement or otherwise under any continued restrictions from previous employment which would in any way interfere with my ability to perform the duties of the position for which I am applying.

Signature	Date (month, day, year)
Print legal name	