



APPLICATION FOR HEALTH PARAPROFESSIONAL

Please print all information and answer every question.

PERSONAL INFORMATION

Name _____ Date _____
LAST FIRST MIDDLE INITIAL

Address _____
STREET CITY STATE ZIP CODE

Social Security Number (optional) _____ Date of Birth _____

Telephone Number(s) _____ Email Address _____

When can you start? _____ How were you referred to us? _____

EDUCATIONAL BACKGROUND

	Name and Location	Degree or Diploma Obtained	Subject Area	Dates
High School or GED				
College or University				
Post-Graduate Studies				
Additional Educational Coursework				

EMPLOYMENT EXPERIENCE

List all of your current and previous positions (paid and unpaid) in chronological order starting with the most recent. Please complete this section and attach additional sheets as needed even if you submit a resume.

1. **Employed From** _____ **To** _____
 Company Name _____ Your Title _____
 Address _____ Your Department _____
 City & State _____ Supervisor's Phone # _____
 Supervisor's Name and Title _____
 Work Performed _____
 Reason for Leaving _____

Would you like to be notified before we contact your present employer? YES NO

2. **Employed From** _____ **To** _____
Company Name _____ Your Title _____
Address _____ Your Department _____
City & State _____ Supervisor's Phone # _____
Supervisor's Name and Title _____
Work Performed _____
Reason for Leaving _____
3. **Employed From** _____ **To** _____
Company Name _____ Your Title _____
Address _____ Your Department _____
City & State _____ Supervisor's Phone # _____
Supervisor's Name and Title _____
Work Performed _____
Reason for Leaving _____
4. **Employed From** _____ **To** _____
Company Name _____ Your Title _____
Address _____ Your Department _____
City & State _____ Supervisor's Phone # _____
Supervisor's Name and Title _____
Work Performed _____
Reason for Leaving _____
5. **Employed From** _____ **To** _____
Company Name _____ Your Title _____
Address _____ Your Department _____
City & State _____ Supervisor's Phone # _____
Supervisor's Name and Title _____
Work Performed _____
Reason for Leaving _____

REFERENCES

Give three or more references who can attest to your character, personality and work history. Do not include family members or supervisors listed on the previous page.

Name and Position	Address	Telephone Number

Have you worked or attended school under any other name? _____

OTHER QUESTIONS

1. Has anyone ever accused you of physical abuse, sexual abuse, or sexual harassment? _____YES_____NO
If yes, give a short explanation of the complaint in the space below. Please indicate the date, nature and place of the incident leading to the accusation, and the disposition of the matter.

2. Have you ever been convicted of a felony, regardless of the disposition of any such matter? _____YES_____NO
If yes, give a short explanation of the incident in the space below. Please indicate the date, nature and place of the incident, the disposition of the allegations, and your employer at the time, including your employer's name, address, and telephone number.

3. Has any employer ever counseled you, reprimanded you, disciplined you, or terminated your employment or have you ever terminated your own employment for reasons related to physical or sexual abuse by you, sexual harassment by you, your unsafe driving record, your theft, or your mishandling of monies or company property? _____YES_____NO
If yes, give a short explanation of the allegations in the space below. Please indicate the date, nature, and place of the allegations, the disposition of the allegations, and your employer at the time, including employer's name, address and telephone number.

4. Please answer the following questions; attach additional pages as needed.
a. Why are you an ideal candidate to be part of the health team at Thomas MacLaren School?

b. How well are you able to prioritize when challenged with many tasks at the same time?

APPLICANT'S DECLARATION, AUTHORIZATION AND RELEASE

My answers on this application and on any resume I provide are complete and true. I understand that the submission of any false or incomplete information in connection with my application, whether on this or other documents or in interviews, will be cause for the rejection of my application or the termination of my employment at any time. I authorize the Employer and its agents to verify any information related to my application or resume. I also authorize and direct individuals, schools, employers, and law enforcement or government officials to freely provide any information concerning my background, and hereby release any and all of them from any liability for doing so. If I am employed, I understand that I will be employed on an at-will basis for an indefinite period of time and that my employer may terminate my employment at any time and for any reason.

_____ Date

_____ Print Name

_____ Signature

For Human Resources Department Use Only

First Interview _____
Name of Interviewer *Date*

Observations _____

Second Interview _____
Name of Interviewer *Date*

Observations _____

Employed: YES NO Date of Employment _____

Job Title _____ Hourly Rate/Salary _____

Department _____ Supervisor _____

By _____ Date _____
Name and Title