



P I N N A C L E
HEALTHCARE INC.

Thank you for applying to the Pinnacle Healthcare Nursing Assistant Training Program. We as a corporation take pride in our education program. Our mission is to provide quality care for our residents. This state-approved program is one way we achieve this mission.

Please complete the nursing assistant application and questionnaire and turn them into the facility. Approximately two weeks before the class begins selected applicants will be called in for an interview with the instructor and complete some additional application documents. After the interviews have been completed, students will be selected to participate in the class. The applicants accepted into the class will be notified by telephone. Those not selected will receive a letter and may apply for the next scheduled class.

We appreciate your interest in Pinnacle Healthcare and wish you a successful career in the healthcare industry.

Nancy Doelling, RN
Director of Education
Pinnacle Healthcare, Inc.

PINNACLE HEALTHCARE

1077 Gateway Loop – Suite A
Springfield, Oregon 97477

Application Nursing Assistant Class

All questions should be fully and accurately answered. Use additional sheets if necessary. **PLEASE PRINT**, except for signature on back of Application. All information will be available only to “need to know” persons or as required by law. This company will make reasonable accommodation in the application process, if needed.

NAME (Print) _____ DATE _____
Last First Initial

ADDRESS _____ PHONE _____
No. Street City State Zip Day Evening

Social Security # _____

Work History

1. Name of Current/Most Recent Employer				Address		Telephone		Type of Business	
Dates Employed				Rate of Pay		Reason for Leaving		Supervisor's Name and Title	
From		To		Starting	Ending				
Mo.	Yr.	Mo.	Yr.						
List the jobs you held, duties performed, skills used or learned, advancements or promotions.									

May we contact your current employer? **Yes** _____ **No** _____

2. Name of Next Previous Employer				Address		Telephone		Type of Business	
Dates Employed				Rate of Pay		Reason for Leaving		Supervisor's Name and Title	
From		To		Starting	Ending				
Mo.	Yr.	Mo.	Yr.						
List the jobs you held, duties performed, skills used or learned, advancements or promotions.									

3. Name of Next Previous Employer				Address		Telephone		Type of Business	
Dates Employed				Rate of Pay		Reason for Leaving		Supervisor's Name and Title	
From		To		Starting	Ending				
Mo.	Yr.	Mo.	Yr.						
List the jobs you held, duties performed, skills used or learned, advancements or promotions.									

4. Name of Next Previous Employer		Address		Telephone	Type of Business
Dates Employed		Rate of Pay		Reason for Leaving	Supervisor's Name and Title
From	To	Starting	Ending		
Mo. Yr.	Mo. Yr.				

List the jobs you held, duties performed, skills used or learned, advancements or promotions.

Have you ever been convicted of a criminal offense? Yes No
 Have you ever been excluded from participation in any federal healthcare program? Yes No
 Have you ever worked for this facility? Yes No
 If yes to any question above, please explain: _____

Are you over 18 years of age? Yes No
 Are you authorized to work in the United States? Yes No
 Are you able to perform the duties and responsibilities required while taking the class? Yes No If No, please explain _

EDUCATION (Circle last year completed)					SCHOOL NAME	Diploma or Degree Earned
High School	1	2	3	4	_____	_____
College	1	2	3	4	_____	_____
Other Education/trainings					_____	_____

This Application is used to notify me that the nature and scope of an investigation, if one is conducted, could include such general identification information as residence verification, and, as applicable, information concerning my employment, education, general reputation, character, personal characteristics, and habits, and that such information may be developed through personal interviews with third parties such as family members, neighbors, friends, associates, former employers, educational institutions, custodians of official records or other sources. Information from such a report will be considered in evaluating my ability to perform the responsibilities as a student taking the NA Class. I hereby authorize these persons, companies, organizations or corporations to answer all questions or release any information regarding the items listed in this paragraph. I hereby release them from any liability and hold them harmless from any claim for releasing any truthful information within their knowledge and/or records.

I authorize Pinnacle Healthcare to release to any person, firm, entity or organization with which I may seek employment in the future, any truthful information concerning my work experience with the company. I hereby release and hold the company harmless from any claim for releasing any truthful information within its knowledge and/or records.

I understand, if I am chosen to be a student in this program, my appointment will be contingent upon passing a drug/alcohol test and a criminal history background check.

I certify that the answers given by me to the foregoing questions and during any interviews are true and correct without consequential omissions, and understand that omissions and/or false statements on this application or during any interviews may result in dismissal. **I understand and acknowledge that this appointment to student status is not a offer of employment nor does it constitute an employment contract.** I have had an opportunity to have my questions about this statement's content and intent answered and understand its terms.

Date

Signature of Applicant