

Each question should be fully and accurately answered. All questions must be answered. Additional sheets may be attached if you do not have enough room on this application. **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.

This application is current for six months. At the conclusion of this time, if you have not been contacted and still wish to be considered for employment, it will be necessary for you to fill out a new application.

NAME (Print) _____ DATE _____
Last First Initial

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

Position applied for? _____ When are you available for employment? _____

Social Security # _____ Type of employment?: Full-time Part-time Temporary or Summer

How did you learn about this position: Newspaper Ad Employee Walk in Brochure Company Website
 TV Ad Other Agency Job Fair/Career Day

Do you have family members currently employed with a Pinnacle facility? Yes No. If yes, please complete the following:

Name _____ Relationship to you? _____ Facility employed at? _____

RECORD OF EMPLOYMENT – Include all Employment with Pinnacle Healthcare

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.											

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 of the job you are applying for? Yes No Please Explain any No response: _____

For Driving Job Only: Do you have a valid driver's license? Yes___ No___ License Number and State Issued: _____

EDUCATION (Circle last year completed)

SCHOOL NAME

Diploma or Degree Earned

High School 1 2 3 4

College 1 2 3 4

Other job-related education

If you are an experienced operator of any business/plant machines or equipment, please list:

Other job related skills:

This Employment 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. Only job-related information developed from such a report will be considered in evaluating my employment application or continued employment. 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 that any job offer extended to me 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, if employed, omissions and/or false statements on this application or during any interviews may result in dismissal. **I understand and acknowledge that, if hired, my employment is for no definite period and either the Employer or I may terminate our relationship at will at any time, without notice or any reason, and that this employment application does not 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