



P.O. Box 1459
Crown Point, IN 46308-1459
www.pinnaclehealthcare.net

For Human Resources Use:

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer who provides equal access to programs, services and employment to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a Human Resources representative.

Please Print
PERSONAL DATA

Date	Position(s) applied for		
Name: Last	First	Middle	Social Security No.
Address	City	State	Zip Code
Indicate any other names you have been employed under:	Phone Number	Cell Phone or Alternate	
If you are under the age of 18, please state your age:	Will you furnish a work permit if required?		

JOB DATA

Work Schedule Available for (check all that apply):	
<input type="checkbox"/> Days	<input type="checkbox"/> Evening <input type="checkbox"/> Nights <input type="checkbox"/> Rotating <input type="checkbox"/> Weekends <input type="checkbox"/> Holidays
Available for (check all that apply):	
<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time <input type="checkbox"/> Registry <input type="checkbox"/> Temporary <input type="checkbox"/> As Needed <input type="checkbox"/> Educational
Date available to start working	How did you learn of this position?
Will you travel if the job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Friend/Relative/Co-worker Name: _____ Name: _____
Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Employee Referral <input type="checkbox"/> Employment Agency Name: _____ Name: _____
	<input type="checkbox"/> Gov't Empl. Agency <input type="checkbox"/> School/College Name: _____ Name: _____
	<input type="checkbox"/> Internet <input type="checkbox"/> Walk In

I certify under penalty of perjury that I am a citizen or national of the United States, or an alien lawfully admitted to permanent residence or an alien who is authorized by the Attorney General for employment in the United States. I understand, if hired, I will be required to present documents for evidence of identity and employment authorization.

Applicant's Signature

Date

For Human Resources Use:

EMPLOYMENT HISTORY

Provide the following information of your current and past employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in the comments section below.

Employer	Phone ()	DATES EMPLOYED		Summarize the type of work performed and job responsibilities:
		FROM	TO	
Address				
Starting Job Title/Final Job Title		HOURLY RATE/SALARY		
		STARTING		
Immediate Supervisor and Title		\$	PER	
Reason for leaving		HOURLY RATE/SALARY		
		FINAL		
May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	PER	
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Immediate Supervisor and Title		\$	PER	
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		FINAL		
May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	PER	

Comments Including explanation of any gaps in employment _____

REFERENCES

List name and telephone number of three business/work references who are **not** related to you. If not applicable, list three school or personal references who are **not** related to you.

NAME	PHONE	NO. OF YEARS KNOWN
	()	
	()	
	()	

EDUCATIONAL BACKGROUND

A. List last three (3) schools attended, starting with the most recent. B. List number of years completed. C. Indicate degree, diploma or certification earned, if any.

A. SCHOOL NAME AND LOCATION	B. NUMBER OF YEARS COMPLETED	C. DEGREE DIPLOMA

SKILLS AND QUALIFICATIONS

List any special training that you have completed that may qualify you as being able to perform job-related functions in the position for which you are applying (For example: Clinical experience, Home Health Care, Urgent Care, Senior Care, Pharmacy, Volunteer Services, etc.)

LICENSE AND CERTIFICATION INFORMATION

List all applicable licenses or certifications that you have and their expiration dates below:

License/Certification	#(If Applicable)	Date Issued	Exp. Date

ADDITIONAL INFORMATION

List professional, trade, business or civic associations and any offices held.

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

ORGANIZATION	OFFICES HELD

List special accomplishments, publications, awards, etc.

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

List any additional information you would like us to consider.

Consistent and regular attendance and punctuality are **ESSENTIAL REQUIREMENTS** of every position. Is there anything that may prevent you from fulfilling your obligation of this requirement if you were offered a position?

No Yes -- Reason: _____

PLEASE READ AND PLACE YOUR INITIALS ON EACH LINE AFTER EACH STATEMENT:

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application or have authorized all information listed on the application.

I hereby authorize Pinnacle Healthcare, LLC. to thoroughly investigate my references, work record, education and any other matters related to my suitability for employment and, further, authorize my former employers to disclose to the above any and all of my employment records. I release Pinnacle Healthcare, LLC. as well as all providers of information from liability as a result of furnishing and receiving any information related to the hiring process.

I understand that any information on this application or on any document used to secure employment found to be false, incomplete or misrepresented in any respect will be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I certify I have not been excluded from or sanctioned by any governmental health care benefits program, incl. but not limited to, Medicare, Medicaid, etc.

I understand and agree that changes in the job duties, responsibilities, work schedule, shifts, working conditions, etc. may occur during my employment.

I authorize Pinnacle Healthcare, LLC. to obtain the following information with regards to an offer of employment and I understand an offer is conditional pending the results of the items listed: 1) criminal background check; 2) driving record, if the position for which I am applying requires driving for employment purposes; 3) I must prove that I am legally authorized to work in the United States; 4) drug screening; and 5) references.

This application is not, nor is it intended to be, a contract of employment and its terms may be changed at any time by Pinnacle Healthcare, LLC. I understand all employees are considered employees at-will. An employee's employment can be terminated by either the employee or the employer at any time, for any reason, with or without notice, except as otherwise indicated by law. No manager, supervisor representative, other than the President, has any authority to enter into any agreement for employment for any period of time, or to make any agreement contrary to the foregoing.

I understand the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment in a basis prohibited by applicable local, state or federal law.

I understand that this application will remain on file for six (6) months. At the conclusion of that time, if I have not been hired and still wish to be considered for employment, it will be necessary to reapply and complete a new application.

Print Name: _____ Signature: _____ Date: _____