

Pinnacle Home Care, Inc.

Employment Application

Personal Information

Name (Last Name First)		Social Security No.	
Present Address	City	State	Zip Code
Permanent Address	City	State	Zip Code
Phone Number	E-mail Address	Referred By	

Employment Desired

Position	Desired Salary	
Are you employed now? <input type="checkbox"/> YES <input type="checkbox"/> NO	If so, may we contact your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Ever applied to this company before?	Where?	When?
Ever worked for this company before?	Where?	When?
Reason for leaving		
		Name of last Supervisor at this company
How did you find out about this position?	<input type="checkbox"/> Employment Agency <input type="checkbox"/> Walk-in <input type="checkbox"/> College Placement <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Friend <input type="checkbox"/> Online Ad <input type="checkbox"/> Other _____	
Have you ever been convicted of a criminal offense other than a minor traffic violation?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, please explain:		
Have you ever served in the U.S. Armed Forces? <input type="checkbox"/> YES <input type="checkbox"/> NO	Branch of Service	
Discharge Date	Rank	

Education

	Name and Location of School	Years attended	Graduate	Subject Studied
High School or GED		From/To	<input type="checkbox"/> YES <input type="checkbox"/> NO	
College		From/To	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Other		From/To	<input type="checkbox"/> YES <input type="checkbox"/> NO	

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Former Employers (Start with most recent)

Name of PRESENT or LAST Employer			
Address		City	State Zip
Starting Date		Leaving Date or still employed	Job Title
Starting Salary	Final Salary	May we contact your supervisor? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Name of Supervisor		Supervisor Title	Phone NO.
Description of work			
Reason for leaving			
Name of PREVIOUS Employer			
Address		City	State Zip
Starting Date		Leaving Date or still employed	Job Title
Starting Salary	Final Salary	May we contact your supervisor? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Name of Supervisor		Supervisor Title	Phone NO.
Description of work			
Reason for leaving			
Name of PREVIOUS Employer			
Address		City	State Zip
Starting Date		Leaving Date or still employed	Job Title
Starting Salary	Final Salary	May we contact your supervisor? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Name of Supervisor		Supervisor Title	Phone NO.
Description of work			
Reason for leaving			



References

LIST AT LEAST THREE **PROFESSIONAL** REFERENCES WHOM WE MAY CONTACT

Name	Address	Relationship	Phone

Authorization

I understand and agree that, in the event that I am offered a job, I may be required to take a physical examination and a drug test as a condition of hiring or continued employment. I agree to consent to take tests as designated by Pinnacle Home Care (PHC) and to release PHC, its directors, officers, agents of employees from any claim arising in connection with the use of such tests, other than claims related to privacy violations and/or discrimination under applicable federal and state laws. I understand that all potential employees are required to take a physical and drug test and that, in compliance with federal law, the records of such tests will be kept confidential and the information obtained will not be used to discriminate on the basis of disability, health problems, or medical conditions.

YES NO

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release PHC from all liability for any damages that may result from utilization of such information.

I also understand and agree that no representative of PHC has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

I understand that a consumer credit report or criminal records check may be necessary prior to my employment. If such reports are required, I understand that, in compliance with federal law, PHC will provide me with written notice regarding the use of these reports and will also obtain a separate written authorization from me to consent to these reports. I also understand that a poor credit history or conviction will not automatically result in disqualification from employment.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws. In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

Signature

Date



Do Not Write On This Page - For Interviewer's Use Only

Interviewed By		Date
Remarks		
Neatness	Character	
Personality	Ability	

Interviewed By		Date
Remarks		
Neatness	Character	
Personality	Ability	

Interviewed By		Date
Remarks		
Neatness	Character	
Personality	Ability	

Hired	Dept.	Position	Will report	Salary
Approved 1: Employment Manager				Date
Approved 2: Employment Manager				Date
Approved 3: Employment Manager				Date