Employment Application

Pinnacle Health & Rehab, 26 Pleasant Street, Canton, ME 04221

Pinnacle does not discriminate in employment because of race, color, gender, creed, religion, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. We are an equal employment opportunity organization. Accommodations to enable all individuals to participate in the application and interview process will be provided upon advance request.

PLEASE PRINT OR TYPE throughout the application

_____

Last Name | First Name | Middle Initial

_____

Address: Street / P.O. Box / Apt. # , | City / Town State | Zip Code

_____

Primary / Cell Telephone Number | Secondary Telephone Number | Email Address

What is your preferred method of communication? Email Phone

_____

Position(s) applying for

How did you learn about the job(s)?

Employee (Name) _____

Friend/Relative (Name) _____

Other (please explain)_____

Have you ever previously worked for Pinnacle or Victorian Villa? Yes No

If yes, positions/date: _____

Do any members of your household or any relatives currently work at or are residents or clients of Pinnacle?

Yes No

If yes, please explain: _____

Are you under the age of 18? Yes No Are you legally authorized to work in the U.S? Yes No

EMPLOYMENT

Hours you are available: On Call/Relief Less than 20 hours 20 to 30 hours 30 to 40 hours

Date available to start work: _____ Shifts: 1st _____ 2nd _____ 3rd _____

Please note: Answers to the following questions do not automatically qualify or disqualify you from consideration. However, false or incomplete responses will result in disqualification.

Have you been convicted of a felony or misdemeanor, had a criminal charge filed, or pled nolo contendere to a crime?
Yes No

If yes, please explain: _____

_____

Have you been arrested for any crime which has not yet been adjudicated? Yes No

If yes, please explain: _____

_____

Have you ever been investigated or charged for Abuse, Neglect, or Exploitation of a child or adult? Yes No

If yes, please explain: _____

_____

PROFESSIONAL LICENSE/CERTIFICATION

Have you ever held a professional license/certification issued by any licensing board? Yes No

If yes, please explain: _____

Name of license/certification: _____ State: _____ Active: Yes No Expiration: _____

Name of license/certification: _____ State: _____ Active: Yes No Expiration: _____

Have you ever had your professional license suspended? Yes No

If yes, please explain: _____

EMPLOYMENT HISTORY

Please start with present or most recent position. Complete all employment history questions <u>even a resume is included</u>.

_____ ____/____/_____ ____/____/_____
Current/Most Recent Employer Name: Employed: From: To:

_____
Employer Address: Final Rate of Pay:

_____
Supervisor: Job Title:

_____Can We Contact? Yes_____No_____
Telephone Number:

_____
Duties Performed:

_____
Reason for Leaving:

Previous Employer Name: _____ Employed: From: ____/____/_____ To: ____/____/_____

Employer Address: _____ Final Rate of Pay: _____

Supervisor: _____ Job Title: _____

Telephone Number: _____

Duties Performed: _____

Reason for Leaving: _____

Prior Employer Name: _____ Employed: From: ____/____/_____ To: ____/____/_____

Employer Address: _____ Final Rate of Pay: _____

Supervisor: _____ Job Title: _____

Telephone Number: _____

Duties Performed: _____

Reason for Leaving: _____

EDUCATION

High School: _____ Yes_____ No_____
School Name City State Diploma

Tech School: _____
School Name City State Degree Completed/Major

College, University: _____
School Name City State Degree Completed/Major

Post Graduate: _____
School Name City State Degree Completed/Major

Computer Skills: please record your skill level: 0-no skills, 1-basic skills, 2-moderate skills, 3-advanced skills

___ Word, word processing ___ Clinical Software ___ Data Entry

___ Excel, spreadsheet ___ CareTracker/POC ___ iMAR/eMAR or similar

___ Photoshop or similar ___ Web design ___ Other _____

Describe any specialized training or skills, languages spoken, and extra-curricular activities: _____

_____

_____

REFERENCES: Professional References Preferred, otherwise provide Personal References

Name: _____ Organization: _____

Job Title: _____ Phone Number: _____

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Name: _____ Organization: _____

Job Title: _____ Phone Number: _____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I agree to promptly advise **Pinnacle Health & Rehab** Human Resources if an event occurs that would change my response to any of these answers or if new information arises regarding these matters.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that I will be required to authorize background checks if a conditional job offer is made.

I hereby authorize all my previous employers or references to furnish any information concerning my personal character, habits or employment records. I hereby release all such persons from liability or damages incurred as a result of inquiry in furnishing this information.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

I affirm that this information is true and accurate and agree to all of the disclosures and conditions included in this application.

Signature:_____ Date:_____

Printed Name:_____

Please deliver your completed Employment Application in person or via mail:

Pinnacle Health & Rehab
26 Pleasant Street
Canton, ME 04221

Or you may fax it to Human Resources at 207-597-2580