

PIONEER NURSING HOME HEALTH DISTRICT

1060 D Street W *** Vale, Oregon 97918
[541-473-3131](tel:541-473-3131) *** www.pnhvale.com

EMPLOYMENT APPLICATION

APPLICANT INFORMATION

Last Name		First		M.I.	Date
Street Address					Unit
City			State		Zip
Phone			Email		
Date Available		Full Time		Part Time	
Position Applied For				Desired Salary	
Are you a citizen of the United States?		Yes	No	If no, are you authorized to work in the US	
		Yes	No	Yes	No
Have you ever worked for this company?		Yes	No	If so, when	
		Yes	No		
Are you over the age of 18?		Yes	No		
Are you capable of performing, with or without a reasonable accomodation, the essential functions of the job or occupation for which you have applied?		Yes	No	If no, explain	
Do you have a reliable method of getting to work?		Yes	No		
Have you ever worked under another name?		Yes	No	If yes, explain	
		Yes	No		
Will you be able to work Weekends? _____ Holidays? _____ Any shift? _____					

EDUCATION

High School		Address			
From	To	Did you graduate?		Yes	No
		Yes	No	Degree	
College		Address			
From	To	Did you graduate?		Yes	No
		Yes	No	Degree	
Other		Address			
From	To	Did you graduate?		Yes	No
		Yes	No	Degree	
Other		Address			
From	To	Did you graduate?		Yes	No
		Yes	No	Degree	

REFERENCES

Please list three professional references. Do not list former employers or relatives

Name	Relationship
Company	Phone
Address	
Name	Relationship
Company	Phone
Address	
Name	Relationship
Company	Phone
Address	

Describe your interest in our facility, along with the job-related skills that qualify you for a position with us.

PREVIOUS EMPLOYMENT

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	Ending Salary	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		Yes	No
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	Ending Salary	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		Yes	No
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	Ending Salary	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		Yes	No
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	Ending Salary	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		Yes	No
DISCLAIMER AND SIGNATURE			
<p>I understand that any job offer that may be extended to me will be contingent upon the successful completion of a drug test and background check. If this application leads to employment, I understand that false or misleading information in my application or interview may result in termination. I certify that my answers are true and complete to the best of my knowledge. I authorize Pioneer Place 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 Pioneer Place. I hereby release and hold Pioneer Place harmless from any claim for releasing any truthful information within its knowledge and/or records.</p>			
Signature (For electronic signature, type name)		Date	