

## PIONEER NURSING HOME HEALTH DISTRICT

1060 D Street W \*\*\* Vale, Oregon 97918

[541-473-3131](tel:541-473-3131) \*\*\* [www.pnhvale.com](http://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	
Have you ever worked for this company? Yes No		If so, when	
Are you over the age of 18? Yes No			
Do you need reasonable accommodations, to preform the job you have applied for?		Yes No	
Do you have a reliable method of getting to work?		Yes No	
Have you ever worked under another name?		Yes No	
Will you be able to work Weekends? _____ Holidays? _____ Any shift? _____			

#### EDUCATION

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

**PREVIOUS EMPLOYMENT**

Company		Phone
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?		Yes No
Company		Phone
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?		Yes No
Company		Phone
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?		Yes No
Company		Phone
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?		Yes No
Company		Phone
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?		Yes No

**DISCLAIMER AND SIGNATURE**

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.

\_\_\_\_\_  
Signature (For electronic signature, type name)

\_\_\_\_\_  
Date

**To return this application please use one of the following methods.**

- 1. Take a picture of both sides and email to [rbennett@pnhvale.com](mailto:rbennett@pnhvale.com) or text it to 602.403.8770.**
- 2. Bring to facility and hand deliver between the hours of 8:00 am to 4:00 pm**