

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
<b>DISCLAIMER AND SIGNATURE</b>		
<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

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

- 1. Email to hrpayroll@pnhvale.com***
- 2. Bring to facility and hand deliver between the hours of 8:00 am to 4:00 pm***