



**PINE VALLEY HEALTHCARE AND REHABILITATION CENTER
WORK APPLICATION**

DATE: _____

PLEASE PRINT OR TYPE

LAST NAME	FIRST NAME	M.I.
PRESENT ADDRESS – Number Street, City, State, Zip	Home Phone (Include area code)	
MAILING ADDRESS – (If different from above)	BUSINESS PHONE OR CELL PHONE	

Application for Position of: _____

PLEASE CHECK WHICH APPLY

What hours are you able to work? AM ___ PM ___ NOC ___

Which days are you able to work? M ___ T ___ W ___ TH ___ F ___ SA ___ SU ___

Which types of employment interest you?

Permanent Full Time ___ Permanent Part Time ___
Temporary Full Time ___ Temporary Part Time ___ If so, how long? _____

Do you have access to a car? Yes ___ No ___

Do you have a valid driver's license? Yes ___ No ___

Are you over the age of 18? Yes ___ No ___

Are you a U.S. citizen or do you have a permit, which allows you to work? Yes ___ No ___

Education and Training

Circle the highest grade or year you completed in school:
Do you have a High School Diploma or a GED Equivalency?

1 2 3 4 5 6 7 8 9 10 11 12
Yes ___ No ___ (Please check one)

Circle the number of years in College or University:

1 2 3 4 5 6 7 8

Training Beyond High School, (College or University, Nursing, Business College or other schools you have attended.) **Under Credits Earned, indicate Q for Quarter Hours and S for Semester Hours.**

NAME AND LOCATION	DATE ATTENDED FROM AND TO	CREDITS EARNED	MAJOR FIELD	GPA/BASE	DEGREE CONFERRED AND YEAR

Describe any education or training you have had which is not covered above, such as vocational school, correspondence courses, service schools, in-service training or volunteer work which you feel is relevant to the job or jobs for which you are applying. Also include relevant licenses or certificates. (Be Specific)

For some positions, it may be required that employees possess certain physical capabilities. Check the appropriate box below, which you feel reflect the physical activities in which you can routinely engage without harm to yourself or fellow employees. Please be assured that a negative answer will not disqualify you from consideration.

Lifting: 25 lbs. Or less 50 lbs. 75 lbs. 100 lbs. Or more

Do you have difficulty Bending or stooping? Yes ___ No ___ Climbing? Yes ___ No ___ Standing for long periods of time? Yes ___ No ___
Working in temperature extreme? Yes ___ No ___

Have you ever been convicted of any violations other than minor traffic violations? Yes ___ No ___

For what have you been convicted, when and where? _____

IF THERE ARE ANY EXTENUATING CIRCUMSTANCES OF WHICH WE SHOULD BE AWARE, PLEASE STATE THIS. (Existence of a criminal record does not constitute an automatic bar to employment and your record will be considered only as it may substantially relevant to the job for which you are applying).

*FAILURE TO DISCLOSE CONVICTIONS MAY SUBJECT YOU TO TERMINATION IF HIRED OR ELIMINATE YOU FROM CONSIDERATION IF NOT YET HIRED.

WORK EXPERIENCE: Provide a complete description. This information will be used to determine if your application is accepted. Be specific. Start with your most recent job. **BE CERTAIN TO INCLUDE SERVICE IN THE ARMED FORCES.** For part-time work, show the average number of hours per month. Indicate any job changes in job title under the same employer as a separate position. You may also attach a separate sheet with additional information.

Employer	Kind of Business	Address (Street, P.O. Box, etc.)	City, State, Zip Code
Your Title	Reason for Leaving	Phone Number	Name of Supervisor

Please list your duties:

Total Time Employed:

From: Month _____ Year _____ To: Month _____ Year _____
 Starting Salary: _____ Ending Salary: _____

Employer	Kind of Business	Address (Street, P.O. Box, etc.)	City, State, Zip Code
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Please list your duties:

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From: Month _____ Year _____ To: Month _____ Year _____
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Please list your duties:

Total Time Employed:

From: Month _____ Year _____ To: Month _____ Year _____
 Starting Salary: _____ Ending Salary: _____

REFERENCES:

- Name _____ Address _____ Phone _____
- Name _____ Address _____ Phone _____
- Name _____ Address _____ Phone _____

INFORMATION AUTHORIZATION

I hereby authorize the Human Resource Department of Pine Valley Healthcare & Rehabilitation Center to investigate without liability the information supplied by me in my application for employment including academic, occupational, health, police and governmental records.

I also authorize listed past employers and personal references to make full response without liability to any inquiries by the Human Resource Department of this long-term care facility in connection with this application for employment.

SIGNATURE: _____

DATE: _____