



EMPLOYMENT APPLICATION

Name _____
First Middle Last

Address _____
Street City State Zip

Phone _____

Pinecrest Caring Community is an Equal Opportunity Employer. It is our policy to afford equal employment opportunity regardless of race, religion, color, national origins, sex, age, marital status, height, weight, disability, or veteran status. Michigan law requires that a person with a disability or handicap requiring accommodation for employment must notify the employer within 182 days of the date that the need is known or should have been known. Federal law has no such requirement. **Please Print:**

Position Applying For: _____
Date Available _____

Please check/complete answers: Referred by: _____

1. Are you at least 18 years old? ___ Yes ___ No, work permit # _____

2. Are there any hours or days of the week that you cannot work?
___ Yes ___ No, if yes, when? _____

3. Have you ever been convicted of a crime? (including misdemeanors) ___ Yes ___ No, If yes please explain

4. Are there any felony charges pending against you? ___ Yes ___ No, If yes please explain _____

5. Have you previously been employed by Pinecrest or any of our facilities? ___ Yes ___ No
If yes, when? _____ Which facility? _____

Pinecrest Medical Care Facility
Box 603
N15995 Main St
Powers, Michigan 49874-0603
PH: (906) 497-5244 FAX: (906) 497-5005 www.PinecrestCares.org



6. Please list any relatives currently employed by Pinecrest or any of our affiliates? _____

7. Please provide any additional information such as special skills, training, experience, equipment operation, or qualifications that you feel will be helpful to us in consideration of your application _____

EDUCATIONAL HISTORY

High School _____ Did you graduate? ___Yes ___No

Schools Attended	Location	Course/Major	Dates Attended	Degree
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Please Include Universities, Colleges, and Trade Schools

EMPLOYMENT HISTORY

Please list most recent employment first

Company Name	Address	Phone Number
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Position Held/Job title	Date of Employment
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Name and Title of Immediate Supervisor	Email Address
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Reason for Leaving _____

Brief Description of Duties _____



Company Name **Address** **Phone Number**

Position Held/Job title **Date of Employment**

Name and Title of Immediate Supervisor **Email Address**

Reason for Leaving

Brief Description of Duties

EMPLOYEMENT HISTORY (CONT.)

Company Name **Address** **Phone Number**

Position Held/Job title **Date of Employment**

Name and Title of Immediate Supervisor **Email Address**

Reason for Leaving

Brief Description of Duties

I certify that all of the information furnished on this Application is true, complete, and correct. I understand and agree that any falsification, misrepresentation or omission of fact, either of this Application or during the pre-hire process, will be reason for my not being offered employment or dismissal at any time. I understand that consideration for employment at Pinecrest is conditional upon a review of my qualifications, work history, references, and background checks. I authorize Pinecrest to request and obtain verification that the information given by me on this Application is true, accurate and complete. I understand that such verification may include, but may not be limited to background information pertinent to the position for which I have applied, verification of education, verification of employment history and investigation of criminal history. I therefore authorize my current and all previous employers to cooperate with Pinecrest, and to release on a confidential basis, any information they may have concerning me; including information in my personnel record or otherwise known to them in connection with my application for employment with Pinecrest. I specifically release from liability any current or former employer(s), its agents, representatives, employees, officers, directors, etc., for or on account of their providing/disclosing such information to Pinecrest. I understand and agree that my employment and compensation is for no definite period and may, regardless of the time and manner of payment of my wages and salary, be terminated at any time by me or Pinecrest, with or without cause, and with or

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without any previous notice. I also understand and agree that Pinecrest has the right to unilaterally modify and/or terminate any policies, practices, procedures and standards it has implemented, to the extent not prohibited by law. I acknowledge that no Pinecrest employee, nor representative, other than the Administrator has either the power or the authority to enter into any agreement for employment for any specified period of time, or to make any representations, promises, contracts, or statement made by or on behalf of Pinecrest are expressly superseded by the foregoing. The Immigration Reform and Control Act of 1986 states that employers must require all persons hired to submit documentation to the employer showing their identity and their right to be lawfully employed in the United States. It also requires that the employee complete and sign a government form to this effect. I understand that if hired by Pinecrest, I will furnish documents in a timely manner for inspection that verify my identity and that I am legally permitted to work in the United States. Furthermore, I understand that my employment will be terminated if I fail to timely provide the necessary documents.

Print Full Name

Signature

Date