

Pinecrest Community, 414 South Wesley Ave. Mt. Morris, IL 61054
PRE-EMPLOYMENT APPLICATION

Date _____

Name _____ Social Security Number _____

Address _____

Street

City

State

Zip Code

Telephone# (____) _____ Birthdate (if under 18) _____

Position desired _____ Salary desired _____

Full or Part time _____ Date you can start _____

Shift desired (1st) (2nd) (3rd) Circle One

Are you certified in any areas? _____ Please specify _____

Have you ever applied to or worked at Pinecrest? _____ When _____

Are you presently employed? _____ If so, may we inquire of your present employer? _____

Referred by _____

Pinecrest Community has a medical review policy, which includes a complete physical following a conditional job offer. A start date would not be set until the medical review is completed and satisfactorily meets physical job requirements.

Are you eligible to work in the United States? Yes ____ No ____

Have you ever been convicted of a felony? Yes ____ No ____ If yes, what type? _____

I understand that if I am offered a position there will be a criminal background check required.

Signed _____

Education	Name & Location of School	No. years attended	Did you graduate	Subjects studied
-----------	---------------------------	--------------------	------------------	------------------

High School

College/Trade, Business
Correspondence

Former Employers: (Start with the most recent)

Date Month & year	Name & Address of Employer	Position Held, Duties and Salary	Reason for leaving
From _____ To _____			
From _____ To _____			
From _____ To _____			

References: Two non-related persons that you have known at least 1 year.

Name	Address	Business	Years Acquainted

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on the application can be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you."

Date: _____ Signature: _____

***This facility is an equal opportunity employer and will not discriminate or tolerate discrimination against any employee or applicant in any manner prohibited by law.

***All areas of this application, including the top half of pages 3 and 4, must be completed before it will be accepted as a valid application for employment at Pinecrest.

OFFICE USE ONLY

Interviewed by: _____ Date: _____

Remarks: _____

References contacted: _____

Position: _____ Dept: _____ Will Report: _____ Wage: _____

Shift: _____ Hours Per Week: _____

Date: _____ Signature: _____

Pinecrest Community
414 South Wesley Avenue
Mt. Morris, IL 61054

To: _____

Address _____

Telephone _____

The following individual _____ has applied for the position of _____ with Pinecrest Community, a Long Term Care Facility. We would appreciate having you provide us with the following information and return this form to us at your earliest convenience.

I hereby authorize you, with whom I have been associated, to furnish the following information to Pinecrest Community concerning my employment. I hereby release your organization and all individuals connected therewith from all liability for any damage whatsoever incurred in furnishing such information.

Date _____ Signature _____

Date employed: from _____ to _____

Position(s) held: _____

	Excellent	Good	Fair	Poor	Unable to Judge
Quality of work	_____	_____	_____	_____	_____
Initiative & Productivity	_____	_____	_____	_____	_____
Attendance & Punctuality	_____	_____	_____	_____	_____
Dependability	_____	_____	_____	_____	_____
Cooperation	_____	_____	_____	_____	_____
Ability to work with others	_____	_____	_____	_____	_____
Leadership/supervisory skills	_____	_____	_____	_____	_____

Reason for leaving: _____

Would you re-employ? _____ If not, why? _____

Comments _____

Date _____ Signature _____

Title _____

Pinecrest Community
414 South Wesley Avenue
Mt. Morris, IL 61054

To: _____

Address _____

Telephone _____

The following individual _____ has applied for the

position of _____ with Pinecrest Community, a Long Term Care Facility. We would appreciate having you provide us with the following information and return this form to us at your earliest convenience.

I hereby authorize you, with whom I have been associated, to furnish the following information to Pinecrest Community concerning my employment. I hereby release your organization and all individuals connected therewith from all liability for any damage whatsoever incurred in furnishing such information.

Date _____ Signature _____

Date employed: from _____ to _____

Position(s) held: _____

	Excellent	Good	Fair	Poor	Unable to Judge
Quality of work	_____	_____	_____	_____	_____
Initiative & Productivity	_____	_____	_____	_____	_____
Attendance & Punctuality	_____	_____	_____	_____	_____
Dependability	_____	_____	_____	_____	_____
Cooperation	_____	_____	_____	_____	_____
Ability to work with others	_____	_____	_____	_____	_____
Leadership/supervisory skills	_____	_____	_____	_____	_____

Reason for leaving: _____

Would you re-employ? _____ If not, why? _____

Comments _____

Date _____ Signature _____

Title _____