

Pioneer Memorial Care Center
APPLICATION FOR EMPLOYMENT

Pioneer Memorial Care Center does not discriminate in hiring or employment on the basis of race, color, religion, national origin, age, sex, disability, sexual orientation, Vietnam era military service, or any other basis on which discrimination is prohibited by federal, state, or local laws. No question on this application is intended to secure information to be used for such discrimination.

PERSONAL INFORMATION			
NAME (LAST NAME FIRST)			
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO. ()	ARE YOU 18 YEARS OF AGE OR OLDER? <input type="checkbox"/> Yes <input type="checkbox"/> No		

EMPLOYMENT QUESTIONS		
POSITION DESIRED	DATE AVAILABLE TO WORK	SALARY DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> Yes <input type="checkbox"/> No	WHERE?	WHEN?
ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
REFERRED BY: _____	Temporary Agency <input type="checkbox"/>	Advertisement <input type="checkbox"/>
	Other <input type="checkbox"/> _____	
Employee (name) _____		

EDUCATION			
NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL			
OTHER			

LIST ANY LICENSES, AWARDS, CERTIFICATIONS, OR REGISTRATIONS PERTINENT TO YOUR APPLICATION.

EMPLOYMENT HISTORY (Attach a resume or separate sheet to list additional employment.)

(LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE (MONTH/YEAR)	NAME, ADDRESS, AND PHONE NUMBER OF EMPLOYER	POSITION	SUPERVISOR'S NAME	SALARY	REASON FOR LEAVING
FROM					
TO					
FROM					
TO					
FROM					
TO					
FROM					
TO					

REFERENCES (PLEASE SIGN REFERENCE CHECKING FORM FOR EACH REFERENCE.)

NAME	RELATIONSHIP AND TITLE	COMPANY NAME AND ADDRESS	TELEPHONE NUMBER
1.			
2.			
3.			

ADDITIONAL INFORMATION

Please list any other job-related information you think would be helpful to us in considering you for the position, such as any additional work experience, volunteer activities, hobbies, social activities, clubs or professional organizations (list offices held), publications, accomplishments, etc. (Exclude information indicative of race, color, religion, sex, age, marital status, national origin, disability, or veteran status.)

SIGNATURE AND AUTHORIZATION

Acceptance of this application affords no assurance of eventual employment. If employed, you will be required to verify your ability to legally accept employment in the United States. For certain jobs, background investigations, to include contacting former employers, may be required. This application does not constitute a contract of employment. Employment and compensation can be terminated with or without notice, and with or without cause, at any time.

I have read the foregoing instructions and question and to the best of my knowledge my answers are true and correct. I have not knowingly misrepresented or withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I understand that misrepresentation of any of the above may be cause for termination.

Signature of Applicant

Electronically printing your name will act as a signature for this form.

Date

Please complete this application and email to administratorpmcc@gvtel.com or moslandpmcc@gvtel.com