



903 E. Arlington Blvd.  
 Greenville, NC 27858  
 Phone: 252-355-4703  
 Fax: 252-355-0095

**PERSONAL INFORMATION**

NAME (LAST NAME FIRST)			SOCIAL SECURITY NO.
PRESENT ADDRESS	CITY	STATE	ZIPCODE
PERMANENT ADDRESS	CITY	STATE	ZIPCODE
PHONE NO.		SECONDARY PHONE NO.	REFERRED BY

**EMPLOYMENT DESIRED** \_\_\_\_\_

POSITION	DATE YOU CAN START		SALARY DESIRED
ARE YOU EMPLOYED NOW	IF SO MAY WE CONTACT YOUR PRESENT EMPLOYER		
EVER APPLIED TO THIS COMPANY		WHERE	WHEN
EVER WORKED FOR THIS COMPANY		WHERE	WHEN
REASON FOR LEAVING			
		NAME OF LAST SUPERVISOR AT THIS COMPANY	
HOW DID YOU FIND OUT ABOUT THIS POSITION?	EMPLOYMENT AGENCY	NEWSPAPER ADVERTISING	OTHER:
	STATE EMPLOYMENT OFFICE	WALK IN	FRIEND

**EDUCATION HISTORY**

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE BUSINESS OR CORRESPONDENCE SCHOOL				

**GENERAL INFORMATION**

SUBJECT OF SPECIAL STUDY
SPECIAL TRAINING CERTIFICATIONS, LICENCES
SPECIAL SKILLS, FOREIGN LANGUAGES ETC.



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**MILITARY SERVICE RECORD**

HAVE YOU EVER SERVED IN THE U.S. ARMED SERVICES			BRANCH OF SERVICE
DISCHARGE DATE			RANK

**FORMER EMPLOYERS**

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS		CITY	STATE ZIP
WEEKLY STARTING SALARY		WEEKLY FINAL SALARY	MAY WE CONTACT THIS EMPLOYER
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS		CITY	STATE ZIP
WEEKLY STARTING SALARY		WEEKLY FINAL SALARY	MAY WE CONTACT THIS EMPLOYER
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS		CITY	STATE ZIP
WEEKLY STARTING SALARY		WEEKLY FINAL SALARY	MAY WE CONTACT THIS EMPLOYER
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			



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REFERENCES *(LIST PROFESSIONAL REFERENCES WHOM WE MAY CONTACT)*

NAME	ADDRESS	BUSINESS	PHONE

AUTHORIZATION

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, qualified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers 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 the company 'om all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing unless it is in writing and signed by an authorized company representative.

I understand that a consumer credit report or criminal records check may be necessary prior to my employment. If such reports are required, understand that, in compliance with federal law, the company will provide me with a written notice regarding the use of these reports and will also obtain a separate written authorization from me to consent to these reports. I also understand that a poor credit history or conviction will not automatically result in disqualification from employment.”

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete if required employment eligibility verification document form upon hire.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

CERTIFICATION

In accordance with home care licensure rules, new hires are required to provide the following documents prior to starting employment with Pinnacle Home Care, Inc.

- CPR Certification
- First Aid Certification
- Physical Authorization
- OSHA Certification
- TB skin test (proof of previous test)
- Proof of automobile insurance
- High School Diploma / GED or College Transcript

I, \_\_\_\_\_, have read and understand the information regarding the documentation before starting work. I also understand that if I do not provide the above information before my anticipated start date, I will not be permitted to begin employment with Pinnacle Home Care, Inc. until I provide all of the necessary paperwork.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

