Application for Employment



Applications are considered without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or handicap.

Personal Data			
Name: Street Address:		Date	:
City/State/Zip:		Cell #	:
Length of Time at Prese	ent Address:	Home #	<u>:</u>
Email:			
Are you legally authoriz	ed to work in the United Stat	tes:	□No
Are you at least 18 years of age:		□Yes	□No
Position / Availability			
Position Applying For:			
Resident Care	Nursing/Wellness House	ekeeping/Maintenance	е
☐ Dining Services ☐	<u></u>	ties	
	, tourn		
Date available to begin	work:		
Have you ever worked	for Pine Harbour Before?]Yes	
If yes, please specify da	ates and position:		
Have you ever applied	for employment at Pine Harb	oour before?	es No
	ates and position:		_
, , ₁			
Education / School			
_			
∐High School	Number of Years		
Technical School	Number of Years	Degree / Diploma_	
College	Number of Years	Degree / Diploma	

Employment / Work Experience
Start with your present or most recent position.
Include military service assignments and volunteer activities.

Employer:					
	Supervisor:				
Street Address:					
City/State/Zip:	Phone:				
Describe Duties/Responsibilities/Accomplishments:					
Decree (called the					
Reason for Leaving:					
Dates of Employment (Month/Year):	From	10			
Employer:					
Employer: Job Title:	Supervisor:				
Street Address:	Supervisor				
Street Address:City/State/Zip:	Phono:				
Describe Duties/Responsibilities/Accor	FIIOIIE mnlichmonte:				
Describe Duties/Nesportsibilities/Accor	iipiisiiiileiits.				
Reason for Leaving:					
Dates of Employment (Month/Year):	From	To			
Employer:					
Job Title:	Supervisor:				
Street Address:City/State/Zip:					
City/State/Zip:	Phone:				
Describe Duties/Responsibilities/Accor	mplishments:				
Reason for Leaving:		_			
Dates of Employment (Month/Year):	From				
Dates of Employment (Month Fear).	1 10111	To			
Employer:					
Job Title:	Supervisor:				
Street Address:					
Street Address:City/State/Zip:	Phone:				
Describe Duties/Responsibilities/Accor	mplishments:		 _		
2 300.120 2 44.05, 1 toop of to list the tool in priorition.					
Reason for Leaving:					
Dates of Employment (Month/Year):	rom	To			

Professional References

Please provide individual and company names, position and phone numbers for 3 professional references.

Name:		
Name:		
Name:		
Personal References		
Please provide names, addresses, p for 3 p	phone numbers, relationship and how ersonal references.	v long known
Name:		- -
		-
Name:		: -
Name:Relationship:Address:		-
How Long Known:		-
Special Skills: Describe any special skills or qualifications for		
Certifications:		
How Did You Hear About Pine Harbour?:		

AGREEMENT: (Please read the following statements carefully.)

I certify that all the information on this application and any other material provided by me is true and complete. I agree that falsified information, misrepresentations or omissions on this application, or any accompanying resume or other materials will disqualify me from consideration for employment and will be considered justification for dismissal whenever discovered.

Unless otherwise noted, I authorize the company or its agent to investigate and/or verify all information on this application, including contacting all persons, schools, current employer (if applicable), previous employers and other individuals or entities named herein (and those named on the accompanying resume, if any.) I hereby authorize my former employers and other third parties named on this application to release information pertaining to my work record, habits, and performances. In doing so, I hereby release them and Pine Harbour, Inc. and its agents from all liability which may flow from the release of such information.

I understand that part of the application process includes the successful completion of a physical exam, tuberculosis screening, drug test, and criminal history background check. Failure to successfully complete these required tests will result in disqualification for employment for this position. I hereby authorize a qualified representative, authorized person, physician, and/or testing facility to release to Pine Harbour all the above mentioned test results.

I understand that no manager or representative of Pine Harbour, Inc. has authority to enter into any agreement for employment for any specified period of time. I also understand that company booklets describing benefits and the employee handbook are not intended to be contracts of employment and may be altered, amended, discontinued, or modified as Pine Harbour, Inc. sees fit and appropriate.

Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: shift mandating, overtime, shift work, rotating work schedules, or a work schedule that includes Saturday and Sunday, as well as holidays. I understand and accept these as conditions should I be employed.

I understand that if hired my employment will be on an at-will basis, for no definite term. As such, I understand that I have the right to terminate my employment at any time, and that Pine Harbour, Inc. will similarly have the right to terminate my employment, with or without cause. This status can only be modified by a written document setting forth such modification, signed by both me and an authorized representative of Pine Harbour, Inc. I further acknowledge that I am expected to abide by all Company rules, regulations, and policies, written and unwritten, but that such rules, regulations, and policies do not create a contract between me and the Company or otherwise restrict the right of either party to terminate the employment relationship.

Applicant Signature	 Date	