

Pinecone Health LLC

Application for Employment

For security purposes, complete online, print and mail to address listed below.

PLEASE PRINT

Name _____ Date _____

Address _____ Phone _____

Social Security No. _____ Referred by _____

Date Available _____

Position Desired: _____

Shift Desired AM Shift ☐ PM Shift ☐ Night Shift ☐ Total Hours Available Per Week _____

Have you ever worked for MINNPRO before? Yes ☐ No ☐

When? _____ Which location? _____

Have you ever applied for employment for MINNPRO before? Yes ☐ No ☐

When? _____ Which location? _____

Are you legally able to accept employment in the United States of America? Yes ☐ No ☐

Have you ever been convicted of any crime other than a minor traffic violation? (Answering "yes" will not automatically disqualify you for employment.)

If yes, please explain _____

EDUCATION

Number of Years Completed: (Please Circle One)		6	7	8	9	10	11	12	13	14	15	16	16+	
TYPE OF SCHOOL	NAME & LOCATION OF SCHOOL													
High School							Diploma	Yes <input type="checkbox"/>	No <input type="checkbox"/>					
							GED	Yes <input type="checkbox"/>	No <input type="checkbox"/>					
Vocational Training							Field of Study	_____						
							Certificate	Yes <input type="checkbox"/>	No <input type="checkbox"/>					
College or University							Major	_____						
							Degree	Yes <input type="checkbox"/>	No <input type="checkbox"/>					

NURSING APPLICANTS

RN\LPN Current MN License Number _____ Expiration Date _____

TMA Date of Certification _____ Verified Date _____

NAR Date of Certification _____ Registered with State Yes ☐ No ☐

Does your License\Certificate: Have any current restrictions? Ever been investigated or incumbered? If yes, please explain.

STATEMENT OF NON-DISCRIMINATION

Minnesota Professional Nursing Services is an Equal Opportunity employer. It does not discriminate in employment on the basis of race, color, creed, religion, national origin, sex, disability, marital status, sexual orientation, or status with regard to public assistance.

12149 Kerry ST NW Coon Rapids MN 55433
Phone Number 763 200-0198

Employment History: List all previous employment. (Start with most recent/present first.)

Employer		Dates Employed:		Work Performed
Address		From	To	
Telephone Number				
Job Title	Supervisor	Hourly Rate / Salary		
Reason For Leaving		Starting	Final	
Employer		Dates Employed:		Work Performed
Address		From	To	
Telephone Number				
Job Title	Supervisor	Hourly Rate / Salary		
Reason For Leaving		Starting	Final	
Employer		Dates Employed:		Work Performed
Address		From	To	
Telephone Number				
Job Title	Supervisor	Hourly Rate / Salary		
Reason For Leaving		Starting	Final	

Have you ever been employed under a different name? _____

If presently employed, may we contact your **present employer**? Yes ☐ No ☐

Have you ever been discharged or asked to resign from a position? Yes ☐ No ☐

If yes, please explain. _____

PLEASE LIST PERSONAL REFERENCES (DO NOT LIST RELATIVES OR FORMER EMPLOYERS)		
NAME	PHONE	TIME KNOWN

APPLICANT AGREEMENT:

I understand that this employment application and any other documents presented to me in the course of applying for a position with Pinecone Health LLC are not contracts of employment. I also understand that if I am hired, I will be an at-will employee, which means I may voluntarily leave employment upon proper notice and may be terminated by Pinecone Health LLC at any time for any reason. I understand that any oral or written statements to the contrary are expressly disavowed and should be relied upon. I understand that any offer of employment by Pinecone Health LLC is contingent upon (1) providing sufficient documentation necessary to establish my identity and eligibility to work in the United States, (2) successful completion of any preemployment physical examination and/or drug screening test that may be required by, Pinecone Health LLC (3) successful completion of a Mantoux test or chest x-ray (if previous Mantoux test has been positive) in compliance with the Minnesota Department of Health's regulations, and (4) successful completion of any background checks which are performed by Pinecone Health LLC. I authorize Pinecone Health LLC to investigate all statements on this application, including work and education references. I authorize my previous employer, work and/or education related references, and educational institutions I have attended to provide Pinecone Health LLC with all documents and information which it requests in conjunction with my application for employment. I specifically release and waive any and all claims, including, but not necessarily limited to, claims for defamation, libel, and slander, that I may have against any such individual or institution as a result of their compliance with Pinecone Health LLC 's request for information. I understand that any false statements or omissions in this application form made in the course of applying for employment a Pinecone Health LLC may disqualify me for employment or lead to my subsequent dismissal from employment. My signature reflects that I have read, understood, and agreed to these conditions without reservation.

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PRINT NAME _____ SIGNATURE _____ DATE _____

Pinecone Health LLC

Authorization to Release Information

I understand that as part of the application process for employment with Pinecone Health LLC, if I am offered employment, a background investigation of my criminal history will be conducted. Additionally, records of substantiated maltreatment of vulnerable adults and children may also be reviewed. I authorize any of the below listed agencies to release information, and I release them from any liability as a result of such inquiries or disclosures. I understand that any offer of employment is conditional upon the results of the investigative report, and that failure to provide information necessary to ensure an accurate and complete background study will result in my disqualification from employment with Pinecone Health LLC. I agree that if any misrepresentation has been made by me herein, or the results of such investigation are not satisfactory, any offer of employment made may be withdrawn, or my employment may be terminated immediately. I consent to allow any of the below listed investigative agencies to perform background investigations of my history and to provide Pinecone Health LLC with the results.

Possible agencies performing check: Verified Credentials, Minnesota Bureau of Criminal Apprehension, Minnesota Department of Human Services, Federal Bureau of Investigation.

Name: _____
First Middle Last Maiden

Other names used/known by: _____

Social Security number: _____

Driver's license number: _____

Current street address/city/state/zip code: _____

Resided there from: _____ to: _____ (month and year)

Prior street address/city/state/zip code: _____

Resided there from: _____ to: _____ (month and year)

Prior counties and states you have lived in if the two above do not include the last 10 years.

I would like a free copy of my report sent to me at my current address: ☐ yes ☐ no

Signature: _____ Date: _____

This authorization expires one year from the date of the signature.

Pinecone Health LLC

Application Response Form

Name: _____ Date: _____

Position applied for: _____ Location: _____

The following to be completed by Pinecone Health LLC staff

Interviewer Complete:

Not Interviewed:	Interviewed:
<ul style="list-style-type: none">1. _____ No Job Opening2. _____ No Show3. _____ Needed More Hours4. _____ Shift Desired Not Available5. _____ Not Qualified6. _____ Other ____________________	<p>Date of Interview: _____</p> <p>Time: _____</p> <p>Not Hired Reason: _____</p> <p>_____</p> <p>_____</p> <p>Hired Projected Starting Date: _____</p>

<div>SIGNATUREOFINTERVIEWER</div>

<div>DEPARTMENTNAME</div>
