



PULASKI

HEALTH CARE CENTER

624 East 13th Street, Winamac, IN 46996
ph 574-946-3394 fax 574-946-3322

Join the Pulaski Health Care Center Family

At Pulaski Health Care Center, a continuing care retirement community, we believe that a fulfilling career starts with a meaningful purpose. Our team is dedicated to providing compassionate, high-quality care to seniors in every stage of retirement living. Whether you are just beginning your career in healthcare or are an experienced professional, Pulaski Health Care Center offers a supportive, mission-driven environment where you can grow, make a difference, and be part of something truly special.

Please fill out the application and email it to humanresources@phcc-phc.com or stop by
Pulaski Health Care Center
624 E 13th Street
Winamac, Indiana.

Pulaski Health Care Center

IMPORTANT

Please read the following before completing the Employment Application.

If you have been convicted of any of the following, you may not be eligible to work for Pulaski Health Care Center.

- I. A sex crime
 - a. Rape
 - b. Criminal deviate conduct
 - c. Child molesting
 - d. Child exploitation
- II. Exploitation of an endangered adult.
- III. Failure to report battery, neglect, or exploitation of an endangered adult.
- IV. Theft to include: (If occurred less than five (5) years before employment application date)
 - a. Theft
 - b. Receiving stolen property
 - c. Dealing in altered property
 - d. Auto theft
 - e. Receiving stolen auto parts
 - f. Criminal conversion
 - g. Failure to return an article borrowed from a library, gallery, a museum, a collection or an exhibition.
 - h. Vending machine vandalism
- V. Murder
- VI. Voluntary manslaughter
- VII. Involuntary manslaughter (within the previous 5 years)
- VIII. Felon Battery (within the previous 5 years)
- IX. A felony offense relating to controlled substances (within the previous 5 years)
- X. Has abused, neglected, or mistreated a patient or misappropriated a patient's property; and had a finding entered into the state nurse aide registry.

Pulaski Health Care Center

APPLICATION FOR EMPLOYMENT

Date _____

(Please print clearly)

Last	First	Middle	Social Security #
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Address	City	State	Zip
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Phone #	Length of time at this address:	Position applying for:
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Email Address:

Are you legally eligible for employment in this Country? () YES

(A U.S. citizen or alien authorized to work in the U.S. () NO

Have you ever been convicted of a crime? () YES

(Including felonies and misdemeanors) () NO

Are any of your relatives employed by this company? () Yes

If yes, please list names and relationship. () No

Do you have any restrictions that would not allow you to perform () Yes

the essential functions of the job for which you are applying? () No

Are you on a layoff and subject to recall? () YES () NO

Are you at least 18 years of age? () YES () NO

Have you ever been discharged/requested to resign? () YES () NO

Are you currently using or consuming illegal drugs or controlled substances or

alcoholic beverages that would impair your ability to work? () YES () NO

Work History

Please provide current phone numbers for past employers:

Name and Address of Company and Type of Business	From		To		Starting Salary	Last Salary	Reason for Leaving	Name of Supervisor
	Mo	Yr	Mo	Yr				
	Describe the work you did:							
Phone								
Name and Address of Company and Type of Business	From		To		Starting Salary	Last Salary	Reason for Leaving	Name of Supervisor
	Mo	Yr	Mo	Yr				
	Describe the work you did:							
Phone								
Name and Address of Company and Type of Business	From		To		Starting Salary	Last Salary	Reason for Leaving	Name of Supervisor
	Mo	Yr	Mo	Yr				
	Describe the work you did:							
Phone								

Pulaski Health Care Center

APPLICATION FOR EMPLOYMENT

Please provide three (3) professional references (including last names) with telephone numbers: (Can NOT be a family member ie: father, mother, brother, sister, uncle, aunt, grandparent, step parents, etc.)

Reference #1:	Reference #2:	Reference #3:				
Phone #:	Phone #:	Phone #:				
School	Name and Address of School	Course of Study	Check Last Year Completed		Did you Graduate?	List Diploma or Degree
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		

Did someone refer you for this position? If so, Who _____

License/ Certification / Registration

Type _____ Lic./Cert./Reg. No. _____ State _____ Expiration date: _____

Type _____ Lic./Cert./Reg. No. _____ State _____ Expiration date: _____

CPR Expiration Date: _____ Date of Last Physical Exam _____ Last TB/CXR Date _____

DRUG TESTING WILL BE DONE UPON EMPLOYMENT AND AT RANDOM DURING EMPLOYMENT

Date Available to begin work: _____ Salary Desired: _____

Schedule: Full Time Part Time Mon, Tue, Wed, Thu, Fri, Sat, Sun

Shift: Day Evening Nights

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete. I understand that any false or misleading representations or omissions made on the application or during the hiring process may disqualify me from further consideration for employment and may result in discharge even if discovered at a later date.

I understand that employment may be conditioned upon successfully passing a medical examination and that I may be required to satisfactorily complete a drug screening as a condition of employment.

I hereby authorize persons such as schools, my current employer (if applicable) and previous employers and other organizations to provide this facility with any requested information regarding my application or suitability for employment, and I completely release all such persons or entities from any and all liability related to the providing or use of such information.

I understand that my employment is at-will which means that I may terminate the employment relationship at any time and for any reason with or without notice, and that the facility had the same right. I understand that no one has the authority to enter into any agreement contrary to the preceding sentence, except for a written agreement signed by an administrative representative of this facility and notarized.

Signature of Applicant _____ Date _____

**Disclosure & Release of Information
Authorization Investigation Consumer Report**

As an applicant for employment or an employee, you are a consumer with rights under the Fair Credit Reporting Act. When evaluating you for employment, promotion, reassignment, or retention as an employee, an investigative consumer report may be obtained from a consumer reporting agency and may be obtained at any time during the application process or during your employment.

I authorize Pulaski Health Care Center to obtain information from all personnel, educational institutions, government agencies, companies, corporations, credit reporting agencies, law enforcement agencies at the federal, state or county level, relating to my past activities, to supply any and all information concerning my background. This information may include, but is not limited to, academic, residential, achievement, previous employment verification and/or job performance, worker's compensation, professional licenses, credit reports, driving history, and criminal history records.

I understand that an Investigative Consumer Report may be prepared summarizing this information. The report may include information obtained through personal interview regarding my character, general reputation, personal characteristics, and/or mode of living. I may also have the right to request additional disclosures regarding the nature and scope of the investigation, as well as a written summary of my rights under FCRA. If requested, the consumer reporting agency will explain the contents of my file.

I understand that by requesting this information, no promise of employment is being made. I also understand that a photocopy of this authorization be accepted with the same authority as the original: and that if employed by Pulaski Health Care Center, this authorization will remain in effect throughout such employment.

Signature_____ Date_____

Print Name_____

Social Security Number_____ Sex: M F

Date of Birth (for identification purposes only)_____

Please indicate all addresses for last five (5) years. (Use additional paper if necessary)

Current Street Address: _____

City/State/Zip: _____

Previous Street Address, C/S/Z (1) _____

Previous Street Address, C/S/Z (2) _____

Driver's License (If applicable) _____ State _____

EMPLOYMENT VERIFICATION

>>>ONLY SIGNATURE AND DATE REQUIRED FOR THIS PAGE!<<<

Applicant's Name:
SSN:
Previous Employer:
Contact:
Title:

Date:
Position Applied For:
Phone#
Fax#

In what manner are you acquainted with the applicant?

What was the applicant's job title?

Date of Employment: From _____ To _____

The applicant's job responsibility/COMMENTS:

	Below Average	Average	Above Average	No Information
Ability to work with others				
Character, Integrity, etc.				
General Appearance				
Attendance				
Dependability				
Quality of Work				
Quantity of Work				

Reference check release form:

I am seeking employment with Pulaski Health Care Center and hereby give my consent to you to release information and release you from any claim of actions I may have against you to the extent that such information furnished to Pulaski Health Care Center is an accurate reflection of my work record. All information will be confidential and used solely for the purpose of determining suitability for employment.



Applicant's Signature

Date

DO NOT WRITE BELOW THIS LINE

Person Completing this form & Title

Date

Please return to:
Fax:574-946-4923

Person Requesting information & Title

If faxing document, please return within 3 days. Thank You!!

EMPLOYMENT VERIFICATION

>>>ONLY SIGNATURE AND DATE REQUIRED FOR THIS PAGE!<<<

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SSN:
Previous Employer:
Contact:
Title:

Date:
Position Applied For:
Phone#
Fax#

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Applicant's Signature

Date

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Person Completing this form & Title

Date

Please return to:
Fax:574-946-4923

Person Requesting information & Title

If faxing document, please return within 3 days. Thank You!!