



Pinnacle Personal Care always looks for companionate, skilled, and dedicated CNA's or DSW's with 2 years or more experience. All applicants must have a clear criminal/motor vehicle background and clear drug screen.

Applications are taken between 9:00 a.m. – 2:00 p.m., Monday through Thursday

Office Location

5627 S. Sherwood Forest Boulevard
Baton Rouge, LA 70816

Please bring the following items with you:

- Social Security Card
- Valid Driver's License
- Proof of Car Insurance
- Birth Certificate
- CPR/First Aid (if applicable)



Employee Application

Personal Information

Name (Last, First, MI)		Social Security #	
Current Address	City	State	Zip Code
Home Phone#	Cell Phone #	E-mail Address	

Are you a US Citizen? Yes No If no, do you legal rights and documentation to work? Yes No

Emergency Contact

Name	Relationship	Address	Home Phone#	Cell Phone#
Doctor	Phone#	Address	Allergies	

Employment Desired

Position	Date you can start	Salary Desired	Can you work 24 hour Live-in? <input type="checkbox"/> Yes <input type="checkbox"/> No Can you work Staffing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever applied at PPC before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, When?	Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No May we inquire? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Available Shifts (please indicate the times of day available for each day)			
M _____ T _____ W _____ Th _____ F _____ S _____ Sun _____			

Can you perform all of the job-related functions of the position for which you are applying? Yes No

If no, please explain: _____

Educational Background Training and Certifications

Name and Location of School	Years Attended	Did you Graduate?	Subjects Studied
High School			
College			
Technical Training (CNA/DSW)			

Do you have? CPR certification: Yes No

First Aid certification: Yes No

General

Special Skills/Training
U.S. Military Service & Rank

Employment History * you must include caregiving experience (private or for another company) to be considered.

Date Month & Year	Name & Address , phone # of Employer	Salary	Position	Reason for Leaving	May we Inquire?
From: To:					[] Yes [] No
From: To:					[] Yes [] No
From: To:					[] Yes [] No
From: To:					[] Yes [] No

Personal References (Please include non-related people who have known you for at least a year.)

Name	Address	Phone#	Years Known	How do you know them?

I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that, if employed, falsified 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 they may have, personal or otherwise, and release all parties including Pinnacle Personal Care from all liability for damage that may result from utilization of such information.

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

I understand the employment relationship between Pinnacle Personal Care and its employees is one of mutual consent, which may be terminated at any time – with or without cause – by either the employee or Pinnacle Personal Care. This relationship is referred to as “employee at will”. Nothing contained in any document provided to employees is meant to create an employment contract or imply a guarantee of employment or benefits. The only exception to this policy is for certain employees who may, from time to time, be employed by Pinnacle Personal Care on a temporary basis for a period of time that is defined in writing.

Signature _____

Date _____

PPC Skill Survey

Applicant: _____

/ /

A = Able to Satisfactorily Perform, N = Not Able to Perform, U = Unsure

Skills	Self Eval			Skills Demonstrated		
	A	N	U	Date	Int.	Comments
HOUSEKEEPING:						
SITTING/COMPANIONSHIP:						
MEAL PREPARATION: Low salt						
MEAL PREPARATION: Diabetes						
FEEDING:						
Alert/Assist						
Uncooperative/Confused						
Fluids						
Fluids / Thickeners						
HYGIENE:						
Bathing by prompt						
Bathe confused / uncooperative						
Dental by prompt						
Dental confused / uncooperative						
Dentures / Assist						
Skin Care						
Shaving - Electric Shaver Only						
UNSTEADY GATE/CONFUSION:						
Bathe: Tub / Shower						
Assist to toilet						
Assist personal hygiene/toilet						
Dressing						
Activity						
WHEELCHAIR/NON-AMBULATORY:						
Shower						
Wash Hair						
Dress						
Transfer to/from chair						

Skills	Self Eval			Skills Demonstrated		
	A	N	U	Date	Int.	Comments
WHEELCHAIR/NON-AMBULATORY (CONT):						
Proper Positioning						
Toileting/Changing						
Transport/go for 'walks'						
BEDBOUND:						
Perinatal Care						
Change Diapers						
Change Pad						
Perform Turn Schedules						
Change Linens						
Making occupied bed						
Dress						
Positioning						
Bathe						
Oral Care						
Infection control:						
Use of Gloves						
Waste Disposal						
Handwashing						
DIAGNOSIS:						
Alzheimer's / Dementia						
Stroke						
Diabetes						
COPD - Chronic Obstructive Pulmonary Disease						
CHF - Congestive Heart Failure						
Oxygen Dependent (oxygen tanks)						

Settings you have worked or volunteered in:

Nursing Home Assisted Living Facility Hospice Home Health Private Homes

Hospitals Isolation Units/Universal Precautions - SIGNATURE: _____



CONFIDENTIAL REFERENCE REQUEST

To: _____

Date: _____

Phone: _____

Fax: _____

I, _____ have applied to Pinnacle Personal Care for employment. I hereby release from all liability the company and/or person completing this form, and authorize them to release all information regarding my employment with them.

Employed from: _____ to _____

Position held: _____

*Applicant's Signature: _____

*Social Security #: _____

Pinnacle Personal Care conducts a complete reference check, prior to hiring, on each applicant for employment. All information you supply is confidential. Any statements you wish to make that would help us determine a placement for this applicant may be entered in the space provided for "Comments." We appreciate your prompt reply.

Authorized Signature: _____

Title: _____

Is the above information correct? Yes No If no, explain: _____

Please rate the applicant using the following guidelines.

A = Above average B = Satisfactory C = Unsatisfactory U = Unable to evaluate

	A	B	C	U	Comments
Attendance/Dependability					_____
Quality of Work					_____
Cooperation/Attitude					_____
Common Sense					_____
Technical Ability					_____
Follows Directions (Verbal and Written)					_____
Effective use of time					_____
Personal Habits					_____

Would you rehire? _____ If not, why? _____

Comments: _____

Signature and Title

Company

Date



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Phone: _____

Fax: _____

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Quality of Work					_____
Cooperation/Attitude					_____
Common Sense					_____
Technical Ability					_____
Follows Directions (Verbal and Written)					_____
Effective use of time					_____
Personal Habits					_____

Would you rehire? _____ If not, why? _____

Comments: _____

Signature and Title _____ Company _____ Date _____



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To: _____
 Phone: _____
 Fax: _____

Date: _____

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Cooperation/Attitude					_____
Common Sense					_____
Technical Ability					_____
Follows Directions (Verbal and Written)					_____
Effective use of time					_____
Personal Habits					_____

Would you rehire? _____ If not, why? _____

Comments: _____

Signature and Title _____ Company _____ Date _____

Permission for Disclosure of Medicaid/Medicare Fraud
Office of Inspector General's (OIG) Excluded Individuals Database

I, _____, hereby give my consent to Pinnacle Personal Care to run a check for previous Medicaid fraud with the Office of Inspector General at:

<http://exclusions.oig.hhs.gov/search.aspx>

I understand that if I am determined to be listed on one or both of these databases, I may not be hired, and my information will be reported to Gale Nadler at (225) 219-4154.

I hereby state I do not have any convictions of Medicaid fraud under my current name, or any other name.

Employee

Date

Agency Representative

Date

****NON-LICENSED EMPLOYEES ONLY****



Ernest Freeman, III, Authorized Agency
 PO Box 77159
 Baton Rouge, LA 70879
 And its Designated Law Enforcement Agency
 Phone (225) 291-1498 Fax (225) 293-7099
 Email: backgroundchecks@efresearch.net

Pinnacle Personal Care - Baton Rouge
 Katie Matusicky
 5627 S. Sherwood Ste A
 Baton Rouge, LA 70816
 Phone: 225-248-8600
 Fax: 225-492-4236

**RE: AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY AND SECURITY RECORDS INFORMATION FOR
 NON-LICENSED EMPLOYEES**

As a new or perspective employee of the above Employer, I, _____ (applicant's name), hereby understand that a thorough investigation of any record of past criminal activities will be conducted from the files of the Louisiana Department of Public Safety and Corrections, Office of the State Police by an authorized law enforcement agency. Also, a security check will be made through the United States Department of Justice's National Sex Offender Public Registry for sexually violent convictions. Follow up investigations may be made into parish and/or local court records in Louisiana or court records of other states if necessary to obtain files to complete an accurate criminal history as required by Louisiana's R.S. 40:1300.51 et seq.

By my signature below, I hereby authorize such an investigation and further give permission to authorized law enforcement agencies and/or courts to release all criminal history and sex offender conviction record information maintained in their files which may confirm or deny my eligibility for employment with the Employer named above to Ernest Freeman III, Authorized Agency. The Authorized Agency will relay this information to the Employer or prospective Employer named above.

It is my understanding that the results of the investigation will remain confidential and that if any criminal history or a sex offender conviction is found to exist, I will be provided an opportunity to refute, correct or otherwise clarify such information. I also understand that it is a crime to provide false information to the Employer.

Applicant's First, Middle (Maiden), Last Name (PRINT CLEARLY)				Job Title	
Social Security Number		Driver's License Number		State	
Race	Sex M / F	Date of Birth (mm/dd/yyyy)		Phone Number	
Current Address					
Street Address		City	State	Zip Code	
Previous Address					
Street Address		City	State	Zip Code	/ / to / / Dates (Month / Year)
Previous Address					
Street Address		City	State	Zip Code	/ / to / / Dates (Month / Year)

I hereby agree to indemnify and hold Employer and Authorized Agency, their agents, representatives, employees, any law enforcement agency and court contracted by Authorized Agency to conduct the herein authorized investigation of my criminal history and sex offender convictions harmless from any and all damages, of whatever type or nature including court costs and reasonable attorney fees suffered by any person, including the undersigned, as a result of the investigation into my criminal history and sex offender convictions authorized to be conducted herein. I understand and agree that the investigation will be based upon a review of the State of Louisiana's Criminal History Records Database, the United States Department of Justice's National Sex Offender Public Registry, and the databases of law enforcement agencies and court systems identified above; it will not include an investigation into the criminal records of the Federal Bureau of Investigation's Identification Division Files.

Applicant's Signature	Date
Signature of Facility Administrator or Designated Representative (Witness)	Date



Pinnacle Personal Care - Baton Rouge
 Katie Matusicky
 5627 South Sherwood Forest Blvd., Ste. A
 Baton Rouge, LA 70816
 Phone: 225-248-8600
 Fax: 225-490-4236

Background Investigation Application Consent Form

I hereby voluntarily consent to and authorize the authorized agent bearing this release or copy thereof, to obtain the following report(s). I agree that this report will include:

Motor Vehicle Records Social Security Number Verification Residential Address Verification

I authorize all persons and organizations that may have information relevant to this research to disclose such information. I hereby release agents and all persons and organizations providing information from all clients and liabilities or any nature in connection with this research. I hereby further authorize that a photocopy of this authorization may be considered as valid as the original.

I have the right to make a request to EF Research, LLC, the Authorized Agent, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information and the recipients of any report on me that the Authorized Agency has previously furnished within the two-year period preceding my request.

I certify and declare under penalty of perjury under relevant state and federal law that the information contained in my application is complete, true and accurate.

I understand that I have specific prescribed rights as a consumer under the federal Fair Credit Reporting Act ('FCRA'), and may have additional rights under relevant state law. **I hereby certify that I have been presented with a summary of my rights as a consumer under the Fair Credit Reporting Act.**

Applicant's First, Middle (Maiden), Last Name (PRINT CLEARLY)					Job Title	
Social Security Number	Driver's License Number	State	Race	Male/Female Sex (circle)	Birth Date(mm/dd/yyyy)	

Residence (Previous Seven (7) Years)

Current Address	Street Address	City	State	Zip Code	
Previous Address	Street Address	City	State	Zip Code	____/____to____/____ Dates (Month / Year)
Previous Address	Street Address	City	State	Zip Code	____/____to____/____ Dates (Month / Year)
Previous Address	Street Address	City	State	Zip Code	____/____to____/____ Dates (Month / Year)

Employment History (Previous Two (2) Years)

Employer	Name	Address	City	State	Zip Code	____/____to____/____ Dates of Employment
Employer	Name	Address	City	State	Zip Code	____/____to____/____ Dates of Employment
Employer	Name	Address	City	State	Zip Code	____/____to____/____ Dates of Employment
Employer	Name	Address	City	State	Zip Code	____/____to____/____ Dates of Employment

Signature of Applicant	Employer/Witness Signature	Date
Applicant' Contact Number(s): Phone: _____	Cell Phone: _____	