



PINNACLE INTENSIVE OUTPATIENT PROGRAM
 PINNACLE PRIVATE ACADEMY
 THE PINNACLE SCHOOLS VIRTUAL SCHOOL
 ELK RIVER TREATMENT PROGRAM

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EMPLOYMENT APPLICATION

UPDATED 1-14-19

APPLICANT INFORMATION					
Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available			Social Security No.		
Position/Campus Applying for:					
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	
				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
Have you ever been convicted of a misdemeanor?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
Have you ever been known by any other name?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
Are you employed now?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, may we inquire of your present employer?	
Do you have a valid driver's license?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	State	#
Do you have reliable means of transportation?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked with children?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, in what capacity?	

EDUCATION					
High School			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Advanced Degree or Technical College					Address
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

We are an equal opportunity employer. This form has been designed to strictly comply with State and Federal Fair Employment Laws prohibiting employment discrimination.

REFERENCES*Please list three professional references.*

Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	

PREVIOUS EMPLOYMENT

Company	Phone	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company	Phone	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company	Phone	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

PHYSICAL RECORD

Do you have any physical limitations that preclude you from performing any work for which you are being considered? YES NO

If yes, what can be done to accommodate your limitation? Please Describe:

In case of emergency notify:

Name

Address

Phone No.

AGREEMENT, DISCLAIMER AND SIGNATURE

(Please Read Carefully)

Pinnacle Behavioral Health, Inc. is an equal opportunity employer. Federal law prohibits discrimination in employment practices because of race, color, religion, sex, age, disability, national origin, veteran status, or citizenship status. No question on this application is asked for the purpose of limiting or excluding any applicant's consideration for employment because of his or her race, color, religion, sex, national origin, or age.

I certify that all of the information given by me on this application or in supplemental form is true and correct to the best of my knowledge and belief. I further understand that false or misleading statements or consequential omissions of any kind of this application or supplemental forms are sufficiency cause for my not being hired or my dismissal if I am hired.

I agree, understand and authorize Pinnacle Behavioral Health, Inc., or its agents to investigate my background. I authorize the persons or organizations referenced in this application to give Pinnacle Behavioral Health, Inc., any and all information they might have personal or otherwise with regard to any of the subjects covered by this application and I release all such parties from all liability for any damage that may result from furnishing such information to this Company.

I also agree and understand that this investigation may include an investigation regarding my character, general reputation, and personal characteristics. If any such investigation results in denial of employment, I shall be so advised. Pinnacle Behavioral Health, Inc. shall supply the investigative report, and I will be given an opportunity to correct any misinformation contained in any such report. I agree to furnish such additional information and complete such examinations (including periodic physical examinations and tests for controlled substances) as may be required by Pinnacle Behavioral Health, Inc. I agree and understand that my initial and continued employment is contingent upon my taking a physical examination when requested. Should I refuse to take said examination, I understand that I may be subject to termination, I agree and understand that, if employed, my continued employment may be impacted by my insurability under Pinnacle Behavioral Health, Inc.'s policies.

I agree and understand that Pinnacle Behavioral Health, Inc. requires full participation in all initial and annual training as a condition of my employment. Further, I will comply with Pinnacle Behavioral Health, Inc.'s policies, rules and procedures that are, or may be established by the Company from time to time. I understand that ALL TOBACCO PRODUCTS including, but not limited to, CIGARETTES, E-CIGARETTES and other SMOKELESS TOBACCO ARE STRICTLY PROHIBITED on the premises of any Pinnacle Behavioral Health facility.

It is agreed and understood that this Application for Employment in no way obligates Pinnacle Behavioral Health, Inc. to employ me and that any offer of employment is subject to the terms and conditions stated on this application form. I agree and understand that my employment is for no definite duration and may be terminated at will by either the Company or me. It is agreed and understood by me that participation in any of the benefit programs of Pinnacle Behavioral Health, Inc. does not create a contract of employment. The Employee Handbook or other policies or procedures of Pinnacle Behavioral Health, Inc. is not a contract and cannot create a contract of employment for any definite duration. I agree and understand that only the President of Pinnacle Behavioral Health, Inc. has the authority to establish a contract of employment with me, and that any such contract must be in writing, designated as an employment contract, and signed by both parties.

In the event of my employment, and corporation materials entrusted during the course of my employment will be returned to Pinnacle Behavioral Health, Inc. on the last day of employment, whether I resign or am terminated. I agree and understand, that should I be employed, I will not at any time or any manner, either directly or indirectly, divulge, disclose or communicate to any person, firm or corporation in any manner whatsoever any confidential information concerning any matters affecting or relating to the business of Pinnacle Behavioral Health, Inc., including without limiting the generality of the foregoing, and of its customers, the prices it attains or has attained from the sell of, or which it sells or has sold, its services or products, its manner of operation, its plans, and other "proprietary information". I understand that I may be asked to sign a confidentiality agreement consistent with this paragraph as a condition of employment.

I agree and understand that, should Pinnacle Behavioral Health, Inc. loan me any money during the course of my employment and that said loan is not paid off prior to the termination of my employment with the Company, Pinnacle Behavioral Health, Inc. may deduct money due it from my final pay to the extent allowed by the law, and I will remain responsible for paying off said loan within three months subsequent to the termination of my employment.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete, to the best of my knowledge.

Signature

Date