

Employment Application

PERSONAL INFORMATION

First Name:

Last Name:

Middle Initial:

Street Address:

City:

State:

Zip:

Home/Primary Phone:

Cell Phone:

Business/Other Phone:

Email:

What position are you applying for?

If selected, when can you start?

Type of Employment Desired: ___ Full-Time ___ Part-Time ___ Per-diem

Shift Desired: (Rank each one in terms of your preference: 1= most preferred; 3= least preferred)

8:00 a.m. to 4:00 p.m.: _____

4:00 p.m. to 12:00 Midnight: _____

12:00 Midnight to 8:00 a.m.: _____

Have you ever applied to Hospice & Palliative Care before? ___ yes ___ no

Have you been employed by Hospice & Palliative Care before? ___ yes ___ no

If yes, give month/year:

Are there any additional names you have used or an assumed nickname necessary to conduct a check of your work or education records? ___ yes ___ no

If yes, please explain:

Are you available to work weekends? ___ yes ___ no

Are you eligible for employment in the United States? ___ yes ___ no

EMPLOYMENT HISTORY

Please give an accurate and complete full-time, part-time, or per-diem employment history. Start with your most recent employer.

Current/Most Recent Employer

Company Name:

May we contact? ___ yes ___ no ___ later

If no, or later, please provide reason:

Telephone:

Supervisor's Name and Title:

Your Job Title:

Address:

City:

State:

Zip:

Employed: From _____ To _____ (ex. Month/Day/Year)

Status: (Full-Time, Part-Time, Per-diem)

Reason for leaving:

Describe your work:

Next Previous Employer

Company Name:

May we contact? yes no later

If no, or later, please provide reason:

Telephone:

Supervisor's Name and Title:

Your Job Title:

Address:

City:

State:

Zip:

Employed: From _____ To _____ (ex. Month/Day/Year)

Status: (Full-Time, Part-Time, Per-diem)

Reason for leaving:

Describe your work:

Next Previous Employer

Company Name:

May we contact? yes no later

If no, or later, please provide reason:

Telephone:

Supervisor's Name and Title:

Your Job Title:

Address:

City:

State:

Zip:

Employed: From _____ To _____ (ex. Month/Day/Year)

Status: (Full-Time, Part-Time, Per-diem)

Reason for leaving:

Describe your work:

Additional Questions:

Have you ever been terminated by an employer? yes no

Have you ever resigned to avoid termination? yes no

REFERENCES

Please Note: References should be professional in nature. Members of your family will not be considered as references regardless of any professional relationship with them.

Work Reference #1

Name:

Company:

E-mail Address:

Telephone:

Relationship to You:

Work Reference #2

Name:

Company:

E-mail Address:

Telephone:

Relationship to You:

Work Reference #3

Name:

Company:

E-mail Address:

Telephone:

Relationship to You:

OTHER INFORMATION

Have you ever been convicted of a crime? __ yes __ no

If yes, please explain:

*including DWI/DUI

Did you serve in the U.S. Armed Forces? __ yes __ no

If yes, in what branch and give type of discharge:

Professional License Information

Section pertains to RN, LPN, CHHA or SW.

If more than one certification, list most pertinent:

License number (if required for position):

Title:

Expiration Date:

Has your professional license ever been suspended or revoked? __ yes __ no

Resume

Submit to: info@hospicecareinc.org

EEOC COMPLIANCE

Hospice & Palliative Care is dedicated to equal opportunity in employment without regard to race, religion, gender, sexual orientation, national origin, age, veteran or disabled status, or any other protected class. Reasonable accommodation will be made as appropriate to enable any employee or applicant for employment to safely and properly perform the job applied for as requested and as appropriate.

Application Acknowledgment

I hereby certify that all of the information provided by me in this application (or any accompanying documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents may be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that if employed, my employment with Hospice & Palliative Care, Inc. (hereinafter referred to as "HPCT") is at-will and for no specified duration and may be terminated by either HPCT or myself at any time, with or without cause or notice. I understand that none of the

documents, policies, procedures, actions or statements of HPCI representatives used during the employment process alter the at-will nature of my employment in any way or is deemed a contract of employment, real or implied.

If employment with HPCI is obtained under this application, I agree to conform to the rules, regulations, policies and procedures of HPCI, which I understand are subject to change from time to time by the Agency, at all times and understand that such compliance is a condition of employment. I understand that due to the nature of HPCI business, attendance and punctuality are considered essential requirements of every employee of HPCI and that poor attendance or tardiness will result in disciplinary action.

I understand that placement into any position offered is conditioned upon the Agency's receipt of a satisfactory background investigation, pre-employment drug screen and an ergonomic test if required for position. The investigation will include verification of employment history and education, and, where appropriate, may also include but not be limited to investigation of criminal record and driving record. I understand that any offer of employment is contingent upon my passing a drug test conducted at a site designated by HPCI, and that failure to submit to or pass the drug test will rescind the offer of employment in accordance with the Agency's Drug Free Workplace Policy. Additionally, I understand that placement will be conditioned upon satisfactory completion of an initial physical health assessment.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to HPCI and/or any of its representatives, and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for 90 days. If I wish to be considered for employment after this period I must fill out and submit a new application.

It is the policy of HPCI to hire, place, transfer and promote employees without regard to race, color, sex, national origin, religion, age, veteran status, non-job-related condition, disability, sexual orientation or any other legally protected status.

Print your full name in to this box if you acknowledge that you have read, understand and agree with the above statement

Signature:

Date:
