



Application for Employment

Date: _____

We appreciate your interest in **Hospice and Palliative Care, Inc.** Hospice offers equal opportunities to all persons without regard to race, color, religion, age, gender, disability (including pregnancy, childbirth and related medical conditions), national origin, ancestry, citizenship, military or veteran status, marital status, familial status; sexual orientation; gender identity or expression; domestic violence victim status; predisposing genetic characteristics or genetic information, or any other status protected by law. We will endeavor to make a reasonable accommodation/modification to the known physical or mental limitations of a qualified applicant with a disability to assist in the hiring process, unless the accommodation would impose an undue hardship on the operation of our business, in accordance with applicable federal state and local law. Applicants who require reasonable accommodation during the application process may contact Mark Petell, Human Resources Manager @ 315-735-6484 ext. 1027.

Personal Information

Name: _____ Telephone: _____
First M.I. Last

Present Address: _____
Street, City, State and Zip

Email address: _____

- If under 18 years of age, do you have a work permit? ☐ Yes ☐ No
- Are you legally eligible for employment in the United States? ☐ Yes ☐ No

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required I-9 employment eligibility verification document form upon hire.

Employment Desired

Position(s) applied for: _____ Date you can start: _____

Have you ever worked for this company before? ☐ Yes ☐ No

When: _____ Supervisor: _____

Reason for leaving: _____

Desired shift: _____ Type of Employment Desired: ☐ Full-Time ☐ Part-Time ☐ Per-diem

Are able to work weekends? _____

Education

Highest Level of Education Completed: _____

Name of last school attended: _____ Degree Obtained: _____

Professional License# if applicable: _____ Expiration: _____

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 state: _____

Professional References

Please give the names of three persons not related to you, whom you have known professionally at least three years.

| Name | Email Address | Telephone | Years Known |
|------|---------------|-----------|-------------|
|------|---------------|-----------|-------------|

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| | | | |

Employment History

List all your work experience (starting with your most recent employer). Please account for all periods of unemployment in this section. You may attach additional sheets of paper.

| Dates Employed: | Employer Information: |
|-----------------|-----------------------|
| From: | Name of Employer: |
| | Address: |
| | |
| To: | Job Title: |
| | Name of Supervisor: |
| | Phone Number: |

Briefly describe your job duties and work experience:

Reason for Leaving:

| Dates Employed: | Employer Information: |
|-----------------|-----------------------|
| From: | Name of Employer: |
| | Address: |
| | |
| To: | Job Title: |
| | Name of Supervisor: |
| | Phone Number: |

Briefly describe your job duties and work experience:

Reason for Leaving:

| Dates Employed: | Employer Information: |
|-----------------|-----------------------|
| From: | Name of Employer: |
| | Address: |
| | |
| To: | Job Title: |
| | Name of Supervisor: |
| | Phone Number: |

Briefly describe your job duties and work experience:

Reason for Leaving:

May we contact your present employer at this time?

☐ Yes

☐ No

Applicant's Statement

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 "HPCI") is at-will and for no specified duration and may be terminated by either HPCI 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 into this box if you acknowledge that you have read, understand and agree with the above statement.

Date: _____ Applicant's Signature: _____