

HOSPICE OF THE FOOTHILLS
Employment Application
An Equal Opportunity, At-Will Employer

Please Print:

Date Last Name First Name MI

No. & Street City State Zip

() _____ - _____ () _____ - _____
Home Phone Business Phone

Employment Desired

Position applying for: _____

Are you applying for:

Regular full time work?Yes ___ No ___
Regular part time work?.....Yes ___ No ___
Temporary work, e.g. summer or holiday work.....Yes ___ No ___
Per DiemYes ___ No ___

What days and hours are you available for work? _____

If applying for temporary work, during what period of time will you be available?

From: _____ to _____

Are you available for work on weekends, Evenings and Nights?.....Yes ___ No ___

Would you be available to work overtime, if necessary?.....Yes ___ No ___

If hired, on what date can you start? _____

Desired compensation: _____

Personal Information

Have you ever applied to or worked for Hospice before?.....Yes ___ No ___

If yes, when? _____

Do you have any friends or relatives working for Hospice?Yes ___ No ___

If yes, state name(s) and relationship:

Name Relationship

Name Relationship

Personal Information (continued)

If hired, would you have reliable means of transportation to and from work? Yes ___ No ___

Are you at least 18 years of age? (If under 18, hire is subject to verification that you are of legal minimum age).....Yes ___ No ___

If hired, can you provide proof of your U.S. citizenship or proof of your legal right to live and work in this country?Yes ___ No ___

Are you able to perform the essential functions of the job for which you are applying without reasonable accommodation?.....Yes ___ No ___
 If no, please describe the functions that cannot be performed and required accommodation:

(Note: we comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical exam, drug test, back evaluation and skill and agility tests)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)?
 (Convictions for marijuana-related offenses that are more than two years old ***need not*** be listed)Yes ___ No ___
 If yes, state the nature of the crime(s), when and where convicted, and disposition of the case:

(Note: no applicant will be denied employment solely on the grounds of a conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered)

Are you currently employed?.....Yes ___ No ___
 If so, may we contact your current employer?Yes ___ No ___

Education, Training and Experience

Name of High School or Equivalent	City, State	No. of Yrs Completed	Did You Graduate? Yes No	Degree or Diploma?
Name of College or University	City, State	No. of Yrs Completed	Did You Graduate? Yes No	Degree or Diploma?
Name of College or University	City, State	No. of Yrs Completed	Did You Graduate? Yes No	Degree or Diploma?
Name of Health Care Training Center	City, State	No. of Yrs Completed	Did You Graduate? Yes No	Degree or Diploma?

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Education, Training and Experience, continued

Do you have any experience, training, qualifications or skills that you feel make you especially suited for work at Hospice?Yes ___ No ___
If yes, please explain:

Military Service

Have you obtained any special skills or abilities as the result of service in the military? If so, please describe:

Answer the following questions if you are applying for a professional position requiring certification or licensure:

Are you licensed/certified for the job applied for?.....Yes ___ No ___

Name of license/certification: _____ Issuing State: _____

License/certification Number: _____

Has your license/certification ever been revoked or suspended?.....Yes ___ No ___

If yes, state reason(s), date of revocation or suspension and date of reinstatement:

Employment History

List below all present and past employment starting with your most recent employer (last seven years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer () _____ - _____
Telephone Number

Type of Business Your Supervisor's Name

Address & Street City State Zip

Dates of Employment: From _____ to _____ Salary: Start _____ End _____

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? Yes ___ No ___ Contact Name _____

Employment History, continued

Name of Employer () _____ - _____
Telephone Number

Type of Business Your Supervisor's Name

Address & Street City State Zip

Dates of Employment: From _____ to _____ Salary: Start _____ End _____

Your Position and Duties

Reason for Leaving
May we contact this employer for a reference? Yes _ No__ Contact Name _____

Name of Employer () _____ - _____
Telephone Number

Type of Business Your Supervisor's Name

Address & Street City State Zip

Dates of Employment: From _____ to _____ Salary: Starting _____ Ending _____

Your Position and Duties

Reason for Leaving
May we contact this employer for a reference? Yes __ No__ Contact Name _____

Name of Employer () _____ - _____
Telephone Number

Type of Business Your Supervisor's Name

Address & Street City State Zip

Dates of Employment: From _____ to _____ Salary: Start _____ End _____

Your Position and Duties

Reason for Leaving
May we contact this employer for a reference?
Yes __ No ____ Contact Name _____

Note: attach additional pages if needed

References

Please read carefully and initial each paragraph and sign below

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize *Hospice of the Foothills* to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release *Hospice of the Foothills*, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and *Hospice of the Foothills*. In addition, I understand that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either *Hospice of the Foothills* or myself, and that no promises or representations contrary to the foregoing are binding on *Hospice of the Foothills* unless made in writing and signed by me and a *Hospice of the Foothills* designated representative.

_____ Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by *Hospice of the Foothills*, I am entitled to copies of such public records obtained by *Hospice of the Foothills* unless I mark the check statement below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the statement below.

I waive receipt of a copy of any public record described in the above paragraph. _____
Initial

_____ **Date**

_____ **Applicant's Signature**