



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

NOTICE AND ACKNOWLEDGEMENT concerning pre-employment screening policy.

This is to inform you that Hospice of the Foothills will conduct pre-employment screenings including drug testing. You have the right to refuse to undergo testing however; an applicant's refusal to undergo testing will result in the termination of the pre-employment selection process and the applicant will not be eligible for hire. Additionally, any applicant who fails a test will not be eligible for hire. Acknowledgement: I have read and understand the above written notice.

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PRINTED NAME OF APPLICANT

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APPLICANT'S SIGNATURE

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DATE

**READ THOROUGHLY BEFORE SIGNING**

I certify that all information contained in this Application for Employment is true and complete. Any incorrect or misleading statement(s) will render this application void. I understand that this application will remain in effect for 90 days from the date it is submitted. I understand that completion of this application does not constitute an offer or promise of employment. I authorize Hospice of the Foothills to contact my references and previous employers where permitted and understand that, as a condition of employment, Hospice of the Foothills will require successful completion of a background check that complies with the Hospice of the Foothills pre-employment screening policies. I have or will be provided a Background Investigation Release form which contains a disclosure under the Fair Credit Reporting Act and Associate's authorization and general release under FCRA which I have read/will read before signing.

In the event of my appointment to a position, I shall comply with all company policies and procedures. It is understood and agreed that any misrepresentation, omission or false statement that I make in this application will be sufficient cause for Hospice of the Foothills to withdraw an offer of employment and/or terminate my employment.

If hired, I will be an At-Will employee and understand that my employment can be terminated by either party at any time with or without cause or notice. I understand that if I am offered employment and accept, this employment application form becomes part of the terms and conditions of employment.

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PRINTED NAME OF APPLICANT

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APPLICANT'S SIGNATURE

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DATE



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**PLEASE PRINT OR TYPE**

Last Name	First Name	MI	Date
No. & Street	City	State	Zip
( ) - - Home Phone	( ) - - Business Phone	( ) - - Cell Phone	

How did you hear about this job opening?

Please Select One

**EMPLOYMENT DESIRED**

Position applying for: \_\_\_\_\_

Are you applying for:

Regular full time work?      Yes       No

Regular part time work?      Yes       No

Per Diem (on call) work?      Yes       No

What days and hours are you available for work (check all that apply)?

<b>Monday</b> <input type="checkbox"/> Days; <input type="checkbox"/> Evenings; <input type="checkbox"/> NOC	<b>Saturday</b> <input type="checkbox"/> Days; <input type="checkbox"/> Evenings; <input type="checkbox"/> NOC
<b>Tuesday</b> <input type="checkbox"/> Days; <input type="checkbox"/> Evenings; <input type="checkbox"/> NOC	<b>Sunday</b> <input type="checkbox"/> Days; <input type="checkbox"/> Evenings; <input type="checkbox"/> NOC
<b>Wednesday</b> <input type="checkbox"/> Days; <input type="checkbox"/> Evenings; <input type="checkbox"/> NOC	<b>Holidays</b> <input type="checkbox"/> Days; <input type="checkbox"/> Evenings; <input type="checkbox"/> NOC
<b>Thursday</b> <input type="checkbox"/> Days; <input type="checkbox"/> Evenings; <input type="checkbox"/> NOC	
<b>Friday</b> <input type="checkbox"/> Days; <input type="checkbox"/> Evenings; <input type="checkbox"/> NOC	

Please note any specific days/holidays you are **not** able to work: \_\_\_\_\_

If applying for **Per Diem** work, what period of time will you be available? example: weekends only, 4 days each month, etc.  
 Days/Times: \_\_\_\_\_

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: \_\_\_\_\_ per \_\_\_\_\_ (Hour, Month, Annual)



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**PERSONAL INFORMATION**

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

If yes, when? \_\_\_\_\_

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

If yes, state name(s) and relationship:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

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

4. 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

5. 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

6. 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)

7. Are you currently employed?..... Yes  No

If so, may we contact your current employer? ..... Yes  No



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**EDUCATION, TRAINING AND EXPERIENCE**

Name of School, College or University	City, State	No. of Yrs Completed	Did You Graduate? Yes <input type="checkbox"/> No <input type="checkbox"/> Last Year Attended/Graduated	Degree or Diploma:
Name of School, College or University	City, State	No. of Yrs Completed	Did You Graduate? Yes <input type="checkbox"/> No <input type="checkbox"/> Last Year Attended/Graduated	Degree or Diploma:
Name of School, College or University	City, State	No. of Yrs Completed	Did You Graduate? Yes <input type="checkbox"/> No <input type="checkbox"/> Last Year Attended/Graduated	Degree or Diploma:
Name of Health Care Training Center	City, State	No. of Yrs Completed	Did You Graduate? Yes <input type="checkbox"/> No <input type="checkbox"/> Last Year Attended/Graduated	Degree or Diploma:

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**

If you served in the military, which branch?  From \_\_\_\_\_ To \_\_\_\_\_  
Please Select One

Have you obtained any special skills or abilities as the result of service in the military?  
 Yes  No  If yes, please describe:

**CERTIFICATION OR LICENSURE:**

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

Are you licensed/certified for the job for which you are applying? ..... Yes  No

Name of license/certification: \_\_\_\_\_

License/certification Number(s): \_\_\_\_\_ Issuing State(s) \_\_\_\_\_

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:



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**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.

Employer's Name _____		Type of Business _____	
Your Supervisor's Name _____	(____) _____ - _____	Email Address _____	
Address _____	City _____	State _____	Zip _____
Dates of Employment: From _____ to _____			
_____		_____	_____
Your Title and Responsibilities	_____		
Other Titles held with this employer _____			
Reason for Leaving _____			
May we contact this employer for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Contact Name _____		Contact Phone # _____	

Employer's Name _____		Type of Business _____	
Your Supervisor's Name _____	(____) _____ - _____	Email Address _____	
Street Address _____	City _____	State _____	Zip _____
Dates of Employment: From _____ to _____			
_____		_____	_____
Your Title and Responsibilities	_____		
Other Titles held with this employer _____			
Reason for Leaving _____			
May we contact this employer for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Contact Name _____		Contact Phone # _____	



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**PROFESSIONAL REFERENCES**

List below two persons not related to you who have knowledge of your work performance within the last three years.

_____	_____	( ) _____ --
First Name	Last Name	Telephone Number
_____	_____	_____
Street Address	City	State ZIP
_____	_____	_____
Occupation	Number of Years Acquainted	
Describe Professional Association		
_____	_____	( ) _____ --
First Name	Last Name	Telephone Number
_____	_____	_____
Street Address	City	State ZIP
_____	_____	_____
Occupation	Number of Years Acquainted	
Describe Professional Association		

**PERSONAL REFERENCES**

List below two persons not related to you who have knowledge of your education, skills or work ethic within the last three years.

_____	_____	( ) _____ --
First Name	Last Name	Telephone Number
_____	_____	_____
Street Address	City	State ZIP
_____	_____	_____
Occupation	Number of Years Acquainted	
Describe Association		
_____	_____	( ) _____ --
First Name	Last Name	Telephone Number
_____	_____	_____
Street Address	City	State ZIP
_____	_____	_____
Occupation	Number of Years Acquainted	
Describe Association		