

# Hospice of Huntington, Inc.

## Application for Employment

It is Hospice of Huntington, Inc.'s policy to comply with all applicable local, state, and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, veteran status, and other categories protected by law. Equal access to programs, services, and employment is available to all persons. Those applicants requiring accommodations to the application and/or interview process should contact a Human Resource representative. **Employment screening requires a state and national criminal history background check and a drug screen as a condition of employment.**

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Position(s) applied for: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Referral Source:

- |  |                                       |                                   |                                  |
|--|---------------------------------------|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Advertisement     | <input type="checkbox"/> Employee     | <input type="checkbox"/> Relative | <input type="checkbox"/> Walk-In |
| <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Social Media | <input type="checkbox"/> Website  | <input type="checkbox"/> Other   |

Name of Referral Source (if applicable):

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
*(Last - First - Middle)*

Address: \_\_\_\_\_  
*(Street - City) (State) (Zip)*

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ May we contact you at work?  Yes  No

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Are you 18 years of age or older?  Yes  No

Have you completed an application with Hospice of Huntington, Inc. before?  Yes  No  
If yes, provide date and position:

Have you ever been employed with Hospice of Huntington, Inc.?  Yes  No  
If yes, provide employment dates, position and reason for leaving:

Are you legally eligible for employment in the United States?  Yes  No  
*(Proof of US Citizenship or immigration status will be required upon employment)*

Do you have any relatives working for Hospice of Huntington, Inc.?  Yes  No  
If yes, provide name(s) and relationship:

State briefly why you would like to work for Hospice of Huntington, Inc.:

Do you have any experience with terminally ill and/or bereaved persons?  Yes  No  
If yes, briefly explain:

Date Available for Work:

Wage or Salary Desired:

Type of Employment Desired:

Full Time  
 PRN

Part Time  
 Educational Co-Op

Temporary

Are there any hours, shifts or days you cannot or will not work?  Yes  No

If yes, briefly explain:

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**Employment History**

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in the comments section below.

**Most Recent Employer:** \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_ May we contact for reference?  Yes  No

Starting Date: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Starting Position: \_\_\_\_\_

Ending Date: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ Ending Position: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Previous Employer:** \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_ May we contact for reference?  Yes  No

Starting Date: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Starting Position: \_\_\_\_\_

Ending Date: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ Ending Position: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Previous Employer:** \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_ May we contact for reference?  Yes  No

Starting Date: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Starting Position: \_\_\_\_\_

Ending Date: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ Ending Position: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Previous Employer:** \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_ May we contact for reference?  Yes  No

Starting Date: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Starting Position: \_\_\_\_\_

Ending Date: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ Ending Position: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Comments (including explanation of any gaps in employment):

**Professional Licensure for Clinical Staff/CNA Certification:**

License/Certification Number:		State:		Expiration Date:	
License/Certification Number:		State:		Expiration Date:	
License/Certification Number:		State:		Expiration Date:	
License/Certification Number:		State:		Expiration Date:	

Skills and Qualifications – Summarize any special training, skills, licenses, certificates and/or characteristics of yourself that may qualify you as being able to perform job-related functions for the position which you are applying:

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**Educational Background (If Job-Related):**

Education	School Name & Address	Year Attended	Major	Diploma/Degree
High School				
College/University				
College/University				
Other Education				

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Have you ever been convicted or plead guilty or no contest to any crime?  Yes  No  
 If yes, briefly explain:

Do you have a driver’s License?  Yes  No What is your means of transportation to work? \_\_\_\_\_

Driver’s License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Type of License:  Operator  Commercial (CDL)  Chauffer

Have you had any accidents during the past three years?  Yes  No How Many? \_\_\_\_\_

Have you had any moving violations during the past three years?  Yes  No How Many? \_\_\_\_\_

Have you had an chargeable accidents during the past three years?  Yes  No How Many? \_\_\_\_\_

Have you had any major convictions within the last 5 years?  Yes  No How Many? \_\_\_\_\_  
*(driving under the influence, reckless driving, etc.)*

Have you had any license suspensions or revocations within the past five years?  Yes  No How Many? \_\_\_\_\_

Please explain:

**References:**

List name, address and telephone number of two business or work references that are not previous supervisors. If not applicable, list two school or personal references that are not related to you.

Name	Address	Telephone	Years Known

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List professional, trade, business, or civic associations and offices held that are applicable to this position. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

Organization	Offices Held

List special accomplishments, publications, awards (exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

List any additional information you would like us to consider.

**Please read and sign below. If there is any part of this statement you do not understand, please ask the human resource director or the interviewer about it before signing this statement.**

I certify that I have not knowingly withheld any information that might affect my changes 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. It is understood and agreed upon that any misrepresentation by me on this application, or any documents used to secure employment, will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed regardless of the time elapsed before discovery.

I authorize Hospice of Huntington, Inc. to thoroughly investigate my references, work records, education, driving records, criminal records and other matters related to my suitability for employment and, further, authorize my current and former employers to disclose to Hospice of Huntington, Inc. any and all letters, reports, and other information pertaining to my employment with them, without giving me prior notice or such disclosure. In addition, I hereby release Hospice of Huntington, Inc., my current and former employers, and all other persons, corporations, partnerships, associations, government agencies, and law enforcement agencies 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 to me during my interview, which may be granted, is intended to create an employment contract, implied or explicit, between Hospice of Huntington, Inc. and me. In addition, I understand and agree that if I become employed, my employment relationship with Hospice of Huntington, Inc. is strictly voluntary and at our mutual will. I understand that if employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, with or without cause or reason, at the option of either Hospice of Huntington, Inc. or myself. I understand and agree that any future changes in my title, duties, compensation, working conditions, and/or benefits, policies and procedures will not alter our at-will agreement.

I understand that if offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States on my first day of employment. I also agree to take and understand that an offer of employment is conditional on the satisfactory outcome of a criminal background, drug screen and reference check.

I understand that I will be required to possess a current and valid driver's license or submit proof of other means of transportation. I understand that I will be required to provide proof of insurance with state minimum in liability coverage, if offered employment. I understand Hospice of Huntington, Inc. is a drug-free workplace, and my employment is contingent upon submitting to, and a negative result on, a post-offer drug screen.

Hospice of Huntington, Inc. is an Equal Opportunity Employers. The employer does not discriminate in employment and no questions on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law. I understand it is Hospice of Huntington, Inc.'s policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.

This application is current for one year. At the conclusion of this time, if I have not heard from Hospice of Huntington, Inc. and still wish to be considered for employment, it will be necessary to fill out a new application.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_