

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:
 Advertisement Employee Relative Walk-In
 Employment Agency Social Media Website 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

- Park 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

Please list your work experience, assignments or volunteer activities, for the past seven (7) years beginning with the most recent job held, including military experience. If you were self-employed, give the firm/business name. 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):

Please indicate if you are able to perform the essential functions of the job for which you have applied. Yes No

If you answered "No", please identify those job functions that you cannot perform:

If a reasonable accommodation is required to enable you to perform the job properly and safely, please describe:

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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

This would include both misdemeanors and felonies.

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 suspension(s) 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: _____