



EMPLOYMENT APPLICATION

Date: _____

All applicants are considered without regard to race, religion, color, sex, gender identity, sexual orientation, national origin, ancestry, citizenship status, uniform service member status, marital status, pregnancy, age, protected medical condition, genetic information, disability or any other protected status in accordance with all applicable federal, state and local laws.

Position Applying For: _____

Last Name		First Name			Middle Initial
Address	Number	Street	City	State	Zip Code
Telephone Number(s)					

Are you currently employed? Yes No If yes, may we contact your present employer? Yes No

Do you have friends or relatives currently working for us? Yes No If yes, name(s): _____

If hired, can you furnish proof that you are over 18 years of age and have the legal right to work in the United States? Yes No

Why are you applying for work and on what date would you be available for work?

Which are you available to work: Full Time Part Time Per-Diem

Are you available to work on weekends? Yes No Are you available for overnight on-call shifts? Yes No

Do you have a reliable means of transportation to and from work? Yes No

Do you speak, write, or read any other languages? Yes No
If yes, please list:

Are you capable of performing the essential functions of the job for which you are applying with or without reasonable accommodation?

Yes No (Answer only if you have been informed of the requirements of the job for which you are applying. Job related physical examination may be required.)

If no, please explain:

Describe any specialized training, education, apprenticeship, certificates or licenses you may have related to this position

List any machines or equipment you are qualified and experienced in operating related to this position:

For The Following Three [3] Questions:

Applicants for Positions in Hawaii, Minnesota and the Cities of Buffalo, NY; Rochester, NY; Newark, NJ; Seattle, WA; San Francisco, CA; Baltimore, MD: DO NOT respond to the following three questions regarding convictions and arrests. Please select the "N/A" option.

California Applicants: DO NOT include convictions for which the record has been judicially dismissed, sealed or expunged, any conviction for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed, referrals to and participation in any pretrial or post trial diversion programs, and misdemeanor marijuana-related offenses that occurred over two years ago in answering these questions.

Note: Answering "Yes" to these questions does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. Do not include minor traffic citations and convictions which have been sealed, eradicated, erased, annulled or expunged.

[1] Have you ever pled guilty or "no contest" to, or been convicted of, a felony in the last ten (10) years? Yes No N/A

If yes, please give the date(s) and details:

[2] Have you ever pled guilty or "no contest" to, or been convicted of, a misdemeanor resulting in imprisonment within the last seven (7) years?

Yes No N/A

If yes, please give the date(s) and details:

[3] Have you been arrested for any matters for which you are currently out on bail or on your own recognizance pending trial?

Montana Applicants: DO NOT disclose any pending arrests or criminal charges.

Yes No N/A

If yes, please give the date(s) and details:

EMPLOYMENT EXPERIENCE

Please list your present or previous employers starting with your present or last job. Include any job related military service assignments and volunteer activities. You may exclude organizations which indicate race, religion, gender, national origin, disability, or other protected status.

Current / Most Recent Employer	Employer
Address	Address
From To Phone	From To Phone
Starting Position Starting Salary	Starting Position Starting Salary
Last Position Final Salary	Last Position Final Salary
Immediate Supervisor	Immediate Supervisor
Duties	Duties
Reason for Leaving	Reason for Leaving
May we contact this employer? <input type="checkbox"/> YES or <input type="checkbox"/> NO	May we contact this employer? <input type="checkbox"/> YES or <input type="checkbox"/> NO

Employer	Employer
Address	Address
From To Phone	From To Phone
Starting Position Starting Salary	Starting Position Starting Salary
Last Position Final Salary	Last Position Final Salary
Immediate Supervisor	Immediate Supervisor
Duties	Duties
Reason for Leaving	Reason for Leaving
May we contact this employer? <input type="checkbox"/> YES or <input type="checkbox"/> NO	May we contact this employer? <input type="checkbox"/> YES or <input type="checkbox"/> NO

Have you ever been terminated or asked to resign from any job? Yes No If yes, please explain circumstances:

Please explain fully any gaps in your employment history:

Have you ever used another name? Yes No Is any additional information relative to change of name, use of an assumed name, or nickname necessary to enable a check on your work and educational record? If yes, please explain:

State any additional information you feel may be helpful to us in considering your application:

EDUCATION

EDUCATION	Name	Location	Subjects Studied	Did You Graduate?
High School				
College				
Graduate School				
Other				

REFERENCES

Please list persons who know you well

1. (Name) _____ (Phone #) _____
(Address) _____
(Occupation) _____ (Number of Years Known) _____

2. (Name) _____ (Phone #) _____
(Address) _____
(Occupation) _____ (Number of Years Known) _____

3. (Name) _____ (Phone #) _____
(Address) _____
(Occupation) _____ (Number of Years Known) _____

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF SIXTY (60) DAYS. IF YOU WISH TO BE CONSIDERED AFTER THAT TIME, YOU MUST RESUBMIT AN APPLICATION. I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

SIGNATURE OF APPLICANT

DATE

APPLICANT'S STATEMENT & AGREEMENT

PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN AT THE BOTTOM OF THE PAGE.

_____ 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 the Company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, I authorize the references I have listed to disclose to the Company all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and 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 the Company and me. In addition, I understand and agree that if I am employed, my employment is at will and is for no definite or determinable period and may be terminated at any time, with or without prior notice, or with or without cause, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and the Company's designated representative.

_____ I understand that in connection with my application for employment, the Company may obtain a consumer report and/or investigate consumer reports about me that may contain information as to my character, general reputation, personal characteristics, and mode of living. Such reports may include or consist of my driving history obtained from the Department of Motor Vehicles. I further understand that any job offer extended by the Company is contingent upon receipt of a favorable consumer or investigative consumer report about me.

I HAVE READ THE ABOVE PARAGRAPHS, UNDERSTAND THEIR IMPORTANCE AND EFFECT UPON MY EMPLOYMENT, AND ACCEPT SAME AS CONDITIONS OF MY EMPLOYMENT WITH COMPANY.

This application, when completed and signed, becomes the property of Company.

SIGNATURE OF APPLICANT

DATE

PRINT NAME

Submit Application

Or

**Save & Email to:
rfishbeck@hospiceslv.org**