

# APPLICATION FOR EMPLOYMENT

## WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, religion, creed, gender, national origin, color, age, disability, marital or veteran status, sexual orientation, or any legal protected category.

I understand and agree that: the information supplied, was submitted by myself, and all information is true and correct, to the best of my knowledge. I understand that false or misleading information given in my application and/or interview(s) will be considered as cause for possible dismissal and/or discharge.

# of years worked as an RN: \_\_\_\_\_ # of years worked as an LPN: \_\_\_\_\_ # of years worked as a CNA: \_\_\_\_\_  
 # of years worked as an SW: \_\_\_\_\_ # of years worked as a Chaplain: \_\_\_\_\_ # of years worked in Position of Interest: \_\_\_\_\_

Complete all fields; if field does not apply write "N/A"; do not leave any fields blank.

Position(s) applied for:	Site location(s)	Date of application
How did you learn about us? If friend, relative, or other please identify.		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend: _____	<input type="checkbox"/> Walk-in
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative: _____	<input type="checkbox"/> Other: _____
Last Name	First Name	Middle Name/Initial
Current Address	City	State
		Zip
Telephone Number (including area code)	Last 4 Digits of Social Security Number	
Email Address		
If you are under 18 years of age, can you provide required proof of your eligibility to work?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever filed an application with us before? If yes, provide date: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been employed by us before? If yes, provide dates: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any relatives employed by us? If yes, provide name(s): _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently employed?		<input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact your current employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally eligible for employment in the United States?		<input type="checkbox"/> Yes <input type="checkbox"/> No
On what date will you be available to begin work? _____		
Are you available to work: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Shift work <input type="checkbox"/> Temporary		
Are you willing to travel?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you available for over-night travel if required?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been excluded from any federal or state program (OIG, EPLS, Medicare, Medicaid)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:		

Submit a copy of your resume and indicate if the information below is listed there with “See Resume”. If not, please complete the field.

	Name and location of school	Course of study	Total years	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (specify)				

<b>Describe any special training, apprenticeship, schools, and extra-curricular activities.</b>

## EMPLOYMENT EXPERIENCE

Please list all employment in the past 10 years. Start with your current/most recent employer first. If information is already listed on your resume, please indicate with "See Resume".

<b><u>1. Employer</u></b>	Dates of Employment From _____ To _____	Work performed
Address	Telephone number(s)	
Job Title	Supervisor	
Number of employees supervised:	May we contact this employer: YES      NO	
Reason for leaving:		

<b><u>2. Employer</u></b>	Dates of Employment From _____ To _____	Work performed
Address	Telephone number(s)	
Job Title	Supervisor	
Number of employees supervised:	May we contact this employer: YES      NO	
Reason for leaving:		

<b><u>3. Employer</u></b>	Dates of Employment From _____ To _____	Work performed
Address	Telephone number(s)	
Job Title	Supervisor	
Number of employees supervised:	May we contact this employer: YES      NO	
Reason for leaving:		

<b><u>4. Employer</u></b>	Dates of Employment From _____ To _____	Work performed
Address	Telephone number(s)	
Job Title	Supervisor	
Number of employees supervised:	May we contact this employer: YES      NO	
Reason for leaving:		

**ADDITIONAL INFORMATION**

Why do you want to work for Islands Hospice? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your salary expectations? \_\_\_\_\_

*Note to applicants:* DO NOT ANSWER THE FOLLOWING QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing, with or without reasonable accommodations, the essential activities and functions of the position for which you have applied?     Yes     No

Please identify professional references. If Islands Hospice is unable to reach a reference via phone, completing their email address permits Islands Hospice to correspond with them via electronic means.

**PROFESSIONAL REFERENCES**

1. Name:	Phone:
Relationship:	Email:
2. Name:	Phone:
Relationship:	Email:
3. Name:	Phone:
Relationship:	Email:

## APPLICANT'S STATEMENT

I certify the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I hereby release employers, schools, or persons from all liability in responding to inquiries in connection with my application.

This application for employment shall be considered active for 90 days or less. Any applicant wishing to be considered for employment beyond this period should inquire as to whether applications are being accepted.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an *at will* nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this *at will* employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application, resume or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer. I recognize as a condition of further employment, I must submit to a drug screen where the results will be used to determine my eligibility for additional employment with this organization.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

## INTERNAL USE ONLY

**Interview Date:**  
**Interview Notes:**