

FREMONT REGIONAL HOSPICE

APPLICATION FOR EMPLOYMENT

Instructions to Applicant

- We do not discriminate on the bases of race, color, national origin, religion, sex, age, marital status, disability or sexual orientation. It is our intention that all qualified applicants are given equal opportunity and that selection decisions be based on job-related information.
- This application is intended for use in evaluating your qualifications for employment. Additional testing of job-related skills may be required prior to employment, based upon the position for which you apply.
- Each question should be answered completely and accurately. Incomplete or illegible applications will not be processed. Print clearly. If more space is needed to complete any question, use the comments section.
- This application is considered active for a period of 90 days.
- PLEASE NOTE "NOT APPLICABLE" IF NOT ANSWERING A QUESTION.

Position(s) applied for: _____ Date of Application: ____/____/____

PERSONAL INFORMATION

Name: _____
Last First Middle

Previously used Last Name(s): _____

Current Address: _____
Street City State Zip Code

Prior Address: _____
Street City State Zip Code

Home Phone: (____) ____-____ Mobile/Alt Phone Number (____) ____-____

ADDITIONAL INFORMATION

Date available for work: ____/____/____ Desired hourly/salary range: \$_____ per _____

What category would you prefer? Full time Part time PRN On Call

How did you find out about this position? _____

Have you worked or attended school under any other names? Yes No

If yes, give names: _____

Have you ever been fired from a job or asked to resign? Yes No

If yes, please explain: _____

Have you applied here before? Yes No

If yes, when: _____

Have you ever been employed here? Yes No

If yes, when? _____ What position? _____

Are you currently employed? Yes No

If yes, may we contact your present employer? _____
Employed at

JOB-RELATED SKILLS

Do you have a valid driver's license? Yes No

Have you had any moving violations in the last 3 years? Yes No

If yes, give details: _____

Name on license: _____ License #: _____ Type: _____

Do you have any computer skills? Yes No

If yes, include software titles and years of experience: _____

Please list any other skills, licenses or certificates that may be related or that you feel would be of value to this job or company.

SECURITY

List states and counties of residence for the last 7 years (Please attach an additional sheet of paper if more room is required): _____

Have you ever been convicted of, pleaded guilty or no contest to **ANY** petty offense, deferred sentence, misdemeanor or felony? Yes No

If yes, give details and dates: _____

(A "yes" answer does not automatically disqualify you from employment since the nature of the offense, date, and the job for which you are applying will be considered. **If the background check reveals something you did not tell us, you could be discharged after hire.**)

Are you at least 18 years of age? Yes No

WORK HISTORY

Please Note: Your application will **Not Be** considered unless every question in this section is answered. List names of employers in consecutive order with present or last employer first. Account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references. **PLEASE GIVE MONTH AND YEAR.**

1. Most recent employer

Company Name: Address:

City: State: Zip:

Phone: Supervisor (First & Last Name):

Dates of Employment: From To Pay per hour: Start Final

Position & Duties: _____

Reason For Leaving: _____

Employment Status: Full Time Part Time PRN On Call

2. Previous Employer

Company Name: Address:

City: _____ State: _____ Zip: _____
Phone: Supervisors (First & Last Name)

Dates of Employment: From To Pay per hour: Start Final

Position & Duties: _____

Reason For Leaving: _____

Employment Status: Full Time Part Time PRN On Call

3. Previous Employer

Company Name: Address:

City: State: Zip:

Phone: Supervisor (First & Last Name)

Dates of Employment: From To Pay per hour: Start Final

Position & Duties: _____

Reason For Leaving: _____

Employment Status: Full Time Part Time PRN On Call

4. Previous Employer

Company Name: Address:

City: State: Zip:

Phone: Supervisor (First & Last Name):

Dates of Employment: From To Pay per hour: Start Final

Position & Duties: _____

Reason for Leaving: _____

Employment Status: Full Time Part Time PRN ON Call

Please attached an additional sheet of paper if more room is required.

EDUCATION

Educational Level	School/City/State	Thru Grade	Degree
High School or G.E.D.	<input type="text"/>	<input type="text"/>	<input type="text"/>
College	<input type="text"/>	<input type="text"/>	<input type="text"/>
School of Nursing	<input type="text"/>	<input type="text"/>	<input type="text"/>
Special School Training	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>

PROFESSIONAL LICENSES & CERTIFICATES

License/Certification	State/License No.	Original Issue Date	Expiration Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

REFERENCES (References may be checked any time after application is submitted.)
 Please list three professional references, (i.e. present or past supervisors, co-workers, customers.)

Name	Phone Number	Address	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

AFFIDAVIT (PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING)

I certify that all information provided on this employment application is complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in the rejection of my application or discharge at any time during my employment.

I authorize the investigation or verification of any or all statements contained in this application. I authorize any person, school, current employer (except as previously noted), past employers, organizations, consumer reporting agencies, personal references and law enforcement authorities to release any information concerning my background that may be used in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I certify and agree that:

1. I am not currently excluded by the Federal Government from participating in federally funded programs, including Medicare, Medicaid.
2. I am not currently under investigation for health care fraud or any illegal activity at this time.
3. I am not aware, as of the date of signing this agreement, of any such investigation in which I am likely to become involved in the future.

I understand the use of illegal drugs is prohibited during employment. I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. Refusal to submit to the test at the time requested may result in discharge.

I understand that this application is not a job offer or contract of employment for any specific time period. If employed, I understand that I have been hired at will and my employment may be terminated at any time, with or without notice.

Signature of Applicant: _____ Date _____