



*Employment Application*

APPLICANT INFORMATION					
Last Name		First		M.I.      Date	
Street Address			Apartment/Unit #		
City		State		ZIP	
Phone		E-mail Address			
Position Applied For		<input type="checkbox"/> Full – Time <input type="checkbox"/> Part - Time		Licensure #	
Date Available		Last four digits of Social Security No.		Desired Salary	
If necessary, the best time to call is		<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		Alternate Phone	
Have you ever worked or attended school under any other names? If yes, give name(s): _____					
Will you travel if job requires it? <input type="checkbox"/> YES <input type="checkbox"/> NO      If no why? _____					
Do you have a valid driver's license?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Drivers License Number: _____	Class of License: _____
Have you had your driver's license suspended or revoked in the last 3 years?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, give details: _____	
Are you 18 years of age or older?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	*If hired, you will be required to submit proof of age*	
Are you authorized to work in the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____	
Have you ever applied here before?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when? _____	
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when? _____	
Do you have relatives currently working here?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, whom? _____	
Have you ever been convicted of a felony or misdemeanor?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain _____	
Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.					
Have you ever pleaded "guilty" or "no contest" to or been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide date(s) and details: _____ _____ _____					

How were you referred to us?

Employment Agency

Newspaper  (Specify) \_\_\_\_\_

Placement Service

Current Employer  (Specify) \_\_\_\_\_

Walk In

Other  (Specify) \_\_\_\_\_

**EDUCATION**

High School		Address	
	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
College		Address	
	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Other		Address	
	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

**SKILLS AND QUALIFICATIONS**

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying:

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**Computer Skills** (Check appropriate boxes. Include software titles and years of experience.)

<input type="checkbox"/> Word Processing	Years:	<input type="checkbox"/> E-mail	Years:
<input type="checkbox"/> Spreadsheet	Years:	<input type="checkbox"/> Electronic Charting	Years:
<input type="checkbox"/> Power Point	Years:	<input type="checkbox"/> Typing	WPM:
<input type="checkbox"/> Internet	Years:	<input type="checkbox"/> Other	Years:

**REFERENCES**

List Names and telephone numbers of three business/work references who are **not** related to you. If not applicable, list three school or personal references that are **not** related to you.

Full Name	Relationship
Company	Phone ( )
Address	
Full Name	Relationship
Company	Phone ( )
Address	
Full Name	Relationship
Company	Phone ( )
Address	

**EMERGENCY CONTACT**

Name	Address	Phone
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**EMPLOYMENT HISTORY**

<b>Company</b>		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
What did you like most about your job?			
What did you like least about your job?			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
<b>Company</b>		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
What did you like most about your job?			
What did you like least about your job?			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
<b>Company</b>		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
What did you like most about your job?			
What did you like least about your job?			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

**EMPLOYMENT HISTORY (CONTINUED)**

\* Explain any gaps in your employment, other than those due to personal illness, injury or disability.

\* If not addressed on previous page, have you ever been terminated or asked to resign from a job?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DISCLAIMER AND SIGNATURE**

**I CERTIFY** that all information I have provided in order to apply for and secure work with this employer is complete and correct.

I expressly authorize, without reservation, Stein Hospice, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, education institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding Stein Hospice, its agents, employer representatives, for seeking, gathering and using truthful and non defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me. I understand that Stein Hospice does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or elimination any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

**I UNDERSTAND** that this application remains current for two (2) years. At the conclusion of that time, if I have not heard from Stein Hospice and still wish to be considered for employment, it will be necessary for me to reapply.

If I am hired, I understand that I am free to resign at any time, with or without cause, and with or without prior notice, and Stein Hospice reserves the same right to terminate my employment at any time, with or without cause, and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of Stein Hospice is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

**I UNDERSTAND** that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

**Stein Hospice does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. Stein Hospice likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate, or non-employee (such as a vendor or customer). Stein Hospice takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.**

**I UNDERSTAND** that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to eliminate me from further consideration for employment, or may result in my immediate discharge from Stein Hospice, whenever it is discovered.

**I UNDERSTAND** that the Stein Hospice may request an investigative consumer report from a consumer reporting agency. If such a report is sought, I agree to sign a separate consent form in compliance with the Fair Credit Reporting Act, 15 U.S.C § 1681 – 1681u. This report may include information as to my character, reputation, personal characteristics, and mode of living obtained from interviews of neighbors, friends, former employers, schools, and others. I understand that I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

**I UNDERSTAND** that any offer of employment is contingent on my ability to provide proof that I am legally authorized to work in the United States.

**I AGREE**, in consideration of my employment, to conform to all company rules and regulations and understand that these rules and regulations are subject to change from time to time at Stein Hospice's unilateral discretion.

**I UNDERSTAND** that all employer property must be returned and any indebtedness to the employer must be paid on or before my last day of work. I authorize the employer to deduct from my final paycheck an amount necessary to satisfy any unpaid obligation.

**I UNDERSTAND** as a final step in the hiring process, I may be subject to a post-offer, pre-employment medical examination. If a job offer is made, it is contingent upon the success of this employment medical examination. I agree to sign all necessary consent forms.

**I UNDERSTAND** and consent to any and all drug or alcohol testing which I may be subjected to by the employer, whether it is pre-offer, post-offer or at any time during my employment. This testing may be random, mandatory, incident specific or based on the employer's reasonable suspicion. I further understand that my participation in the employer's drug testing program, which includes my signing all necessary consent forms, is a mandatory condition of my employment and that refusal to participate may subject me to discipline, up to and including termination of employment.

**I AGREE** that any claim or lawsuit relating to my service with the employer must be filed no more than six (6) months after the date of the employment act that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

**I UNDERSTAND** that I do not have any expectation of privacy if employed and that all information and data, in any form, paper, electronic

or otherwise produced, possessed or reviewed at work is subject to review by the employer.

**I UNDERSTAND** that anything on company property is subject to search or surveillance, including, but not limited to my person, vehicle, work area, locker, desk, electronic files, and any issued company property.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature		Date	
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