



Employment Application

Hospice of St. Francis is Equal Opportunity Employers. All applications for employment are considered without regard to race, religion, sex, national origin, age, family status, veteran status, disability, or any other legally protected status. Failure to complete this application in its entirety will result in this application to not be processed. This application will remain active for 180 days.

PERSONAL INFORMATION

Name: _____ Social Sec. #: ____ - ____ - ____

Address: _____ Phone: (____) _____

City: _____ State: _____ Zip Code: _____

Driver's License #: _____ Email: _____

Include Driver's License information if position includes driving as a job function

Are you 18 or older? Yes No If you are less than 18 years of age, please state your age: _____

Were you previously employed by us? Yes No If yes, dates and location: _____

Are you eligible for employment in the USA? Yes No (*Proof of eligibility will be required.*)

Names of friend(s) or relative(s) employed by us: _____

Name of Employee who referred you to position? _____

EMPLOYMENT DESIRED

Position Desired: _____ Date you can start: _____

Salary Required: _____ How did you hear of this job? _____

Currently Employed? Yes No Can we contact your present employer? Yes No

If required, can you work overtime? Yes No Are there any days you cannot work? Yes No

EDUCATION

School Level	Name And Location Of School	No. Years Attended	Did You Graduate?	Year Completed
High School				
College or Vocational				

MILITARY SERVICE

Were you in the U.S. Armed Forces? Yes No If yes, what branch? _____

Date of Duty: From: _____ To: _____ Rank at discharge _____

Indicate duties or special training in the service: _____

Please list any additional skills, certifications, or associations to which you belong that pertain to the position for which you are applying.

FORMER EMPLOYERS (List below the last three Employers, starting with the most recent.)

1 .	Employer	Telephone Number	Job Description:	
	Street Address	Employed From:	Starting Salary	Reason For Leaving
	City State Zip	To:	Final Salary	Name Of Supervisor
			\$	
			\$	
2 .	Employer	Telephone Number	Job Description:	
	Street Address	Employed From:	Starting Salary	Reason For Leaving
	City State Zip	To:	Final Salary	Name of Supervisor
			\$	
			\$	
3 .	Employer	Telephone Number	Job Description:	
	Street Address	Employed From:	Starting Salary	Reason For Leaving
	City State Zip	To:	Final Salary	Name of Supervisor
			\$	
			\$	

REFERENCES (Give the names of three people not related to you, whom you have known at least one year.)

Name	Business & Address	Years Acquainted	Telephone Number

Acknowledgement and Agreement

I certify that all statements given on this application are true and correct to the best of my knowledge. I agree that any false statements, misrepresentations or omissions of fact during the hiring process, may be grounds for denial of employment or if hired before discovery, my employment may be subject to termination.

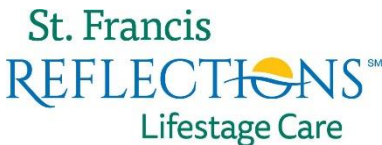
I freely and voluntarily agree to submit to a drug test at any time as may be allowed by state or federal law as part of my application for employment and that any offer of employment is conditional upon passing said pre-employment testing. I also understand and agree that Hospice of St. Francis and/or my worksite employer reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by law. I further understand that refusal to submit to said drug and/or alcohol testing as are permitted by law, or the positive testing for prohibited drugs and/or alcohol in accordance with standards established by either state or federal law, may result in disciplinary action, including immediate suspension or termination of employment. Further, I understand that you may be requesting information from various federal, state, or other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences.

I understand and agree that if hired, I have the right to resign my employment at any time, with or without cause and that my employment may be terminated with or without cause or notice. I understand that this acknowledgement supersedes any prior oral or written understanding.

I understand that Hospice of St. Francis and/or the worksite employer may contact my previous employers, unless otherwise stated, and I authorize employers to disclose all records and other information pertinent to my employment and release them from liabilities that may result from such disclosure.

I authorize, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information.

Date: _____ Signature: _____



INFORMED CONSENT AND RELEASE OF LIABILITY

I understand that in connection with my application for employment and, if hired, during my employment, a consumer report may be requested for employment purposes. All inquiries will be handled in compliance with applicable law including provisions of the Fair Credit Reporting Act, 15 U.S.C. Section 1681, et seq. I understand that the employment decision and my continued employment will be subject to the results of these inquiries. The report may include, but is not limited to, the following areas:

Verification of social security number; current/previous residences; employment history; education including transcripts; character references; credit history and reports when applicable; criminal records from any criminal justice agency in any/all federal, state, county, jurisdictions; motor vehicle records; and any other public records or to conduct interviews with third parties relative to my character, general reputation, or personal characteristics.

I hereby waive any and all written notice of disclosure that may be required by applicable local, state, or federal laws of my past and/or present employer(s), individuals, or institutions. In exchange for the consideration of my employment application by Hospice of St. Francis, I hereby release and forever discharge, without reservation, Hospice of St. Francis (including its directors, officers, employees, its agents, contractors, and subcontractors) and my past and/or present employers (their directors, officers, employees, and agents) from any liabilities that may result from an investigation of my past and/or present employment or from the disclosure of any information.

I further acknowledge that a telephone facsimile (FAX) or photographic copy of this document will be valid as original.

THIS INFORMED CONSENT AND RELEASE PROVIDES THAT YOU KNOWINGLY AND VOLUNTARILY AGREE TO RELEASE CERTAIN PERSONAL RIGHTS. IT MAY BE ADVISABLE FOR YOU TO SEEK LEGAL COUNSEL PRIOR TO ENTERING INTO THIS AGREEMENT.

Signature of Applicant _____

Printed Name and Date _____

Position Applied For _____

Job Related Background Requirements:

- | | |
|---|--|
| <input type="checkbox"/> Credit | <input type="checkbox"/> References |
| <input type="checkbox"/> Statewide Criminal | <input type="checkbox"/> Workers' Compensation |
| <input type="checkbox"/> County Criminal | <input type="checkbox"/> Education |
| <input type="checkbox"/> MVR | |