

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?		
<input type="checkbox"/> Employee Referral: please let us know who to thank: _____ (Please include first and last name)		
<input type="checkbox"/> Indeed <input type="checkbox"/> Other Job Board (ZipRecruiter, Glassdoor, Google Jobs, etc). Please specify: _____		
<input type="checkbox"/> Social Media (LinkedIn, Facebook, Twitter, etc) <input type="checkbox"/> Event or Job Fair		
<input type="checkbox"/> College news board <input type="checkbox"/> Word of mouth (friend, relative, former employee or 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		
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? Yes No		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide name(s): _____		
Are you currently employed? Yes No		<input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact your current employer? Yes No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally eligible for employment in the United States? Yes No		<input type="checkbox"/> Yes <input type="checkbox"/> No
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 been excluded from any federal or state program (OIG, EPLS, Medicare, Medicaid)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:		
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

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)				

Describe any special training, apprenticeship, schools, and extra-curricular activities.

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".

<u>1. Employer</u>	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:		

<u>2. Employer</u>	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:		

<u>3. Employer</u>	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:		

<u>4. Employer</u>	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 made by Islands Hospice, Inc. in connection with my application.

This application for employment shall be considered active for 90 days. Any applicant wishing to be considered for employment beyond this period is welcome to reapply.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Islands Hospice, Inc. 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 Islands Hospice, Inc.

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 Islands Hospice, Inc.

Name of applicant

Signature of applicant

Date

INTERNAL USE ONLY

Interview Date:
Interview Notes: