

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: _____

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? ___ Employee Referral: please let us know who to thank: _____ (Please include first and last name) ___ Indeed ___ Other Job Board (ZipRecruiter, Glassdoor, Google Jobs, etc). Please specify: _____ ___ Social Media (LinkedIn, Facebook, Twitter, etc) ___ Event or Job Fair ___ College new board ___ Word of mouth (friend, relative, former employe or other)		
Last Name	First Name	Middle Name/Initial
Current Address	City	State Zip
Telephone Number	Last 4 Digits of Social Security Number	
Email Address		
Have you ever filed an application with us before? If yes, provide date: _____	___ Yes ___ No	
Have you ever been employed by us before? If yes, provide dates: _____	___ Yes ___ No	
Do you have any relatives employed by us? If yes, provide name(s): _____	___ Yes ___ No	
Are you currently employed?	___ Yes ___ No	
May we contact your current employer?	___ Yes ___ No	
Are you legally eligible for employment in the United States?	___ Yes ___ No	
If you are under 18 years of age, can you provide required proof of your eligibility to work?	___ Yes ___ No	
Have you ever been excluded from any federal or state program (OIG, EPLS, Medicare, Medicaid)? If yes, please explain:	___ Yes ___ No	
On what date will you be available to begin work? _____		
Are you available to work: ___ Full-time ___ Part-time ___ Shift work ___ Temporary		
Are you willing to travel?	___ Yes ___ No	
Are you available for over-night travel if required?	___ Yes ___ 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".

1. Employer	Date 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:		

2. Employer	Date 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:		

3. Employer	Date 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:		

4. Employer	Date 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 that 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:

[Empty box for internal use only]