

Hospice of Huntington, Inc. Employment Application Form

**PLEASE PRINT ALL
INFORMATION
REQUESTED EXCEPT
SIGNATURE**

Please mail completed application to:
1101 Sixth Avenue
Huntington, WV 25701

OFFICE USE ONLY:
Date received:
Reviewed by:

PLEASE COMPLETE

DATE _____

Name _____

Last
First
Middle
Maiden

Present address _____

Number
Street
City
State
Zip

How long at current address? _____ Social Security No. _____ - _____ - _____

Telephone (____) _____

Are you under age 18 ____ YES ____ NO, if "YES", can you provide proof of your eligibility to work? ____ YES ____ NO

Are you currently authorized to work in the United States? ____ YES ____ NO. Proof of eligibility will be required if hired.

Position applied for _____ Days/hours available to work
 No Pref _____ Thur _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

Wage desired (_____)
 (Be specific)

How many hours can you work weekly? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When are you available to start work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	# YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

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APPLICATION FOR EMPLOYMENT

Have you pled guilty or no contest to or been convicted of any crime? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed and type(s) of rehabilitation.

Do You have a Driver's License? Yes No

What is your means of transportation to work? _____

Driver's license number _____ State of issue _____ Operator Commercial (CDL) Chauffeur
Expiration date _____

Have you had any accidents during the past three years? How many? _____

Have you had any moving violations during the past three years? How Many? _____

Have you any chargeable accidents during the last three years? How many? _____

Have you had any major convictions (driving under the influence, reckless driving, etc?)
Or license suspension or revocations within the past seven years? How many? _____

Please explain

OFFICE POSITIONS
ONLY

Microsoft ®Office Products

Word Excel PowerPoint Publisher Outlook

Computer Skills

PC _____ Yes No

Mac _____ Yes No

Other Skills:

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APPLICATION FOR EMPLOYMENT

Please list two references other than relatives.

Name _____

Name _____

Position _____

Position _____

Company _____

Company _____

Address _____

Address _____

Telephone () _____

Telephone () _____

Please use this space to elaborate on any background, experience, or qualifications that you believe should be considered in evaluating your qualifications for employment. You may include hobbies, volunteer experience and any other activities you believe relevant. Please omit any information that would disclose your race, gender, age, marital status, ethnic origin, religious or political affiliations, or disability.

Large empty rectangular box for providing detailed background information.

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APPLICATION FOR EMPLOYMENT

Work Experience Please list your work experience for the **past seven years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
Name known by at work: _____		Your last job title	
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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May we contact your present employer? Yes No

Please indicate if you are able to perform the essential functions of the job for which you have applied ____ Yes ____ No. If you answered "No", please identify those job functions that you cannot perform. If a reasonable accommodation is required to enable you to perform the job properly and safely, please describe:

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

As indication that you have read and understood each sentence, please write your initials in the spaces provided below.

In exchange for the consideration of my job application by Hospice of Huntington, Inc. (hereinafter called "Hospice"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time, or other Hospice practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee with Hospice, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Executive Director of Hospice. Both the undersigned and Hospice may end the employment relationship at any time, without specified notice or reason. If employed, I understand that Hospice may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Hospice or their representative permission to contact schools, all previous employers (unless otherwise indicated), references and others and hereby release Hospice from any liability as a result of such contact.

I understand that, in connection with the routine processing of your employment application, Hospice may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, and personal characteristics. In addition, Hospice may require pre-employment drug screening. Upon written request from me, Hospice will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I understand that upon an offer of employment, I will be required to sign an additional employment inquiry release authorizing an independent company to perform a background check on behalf of Hospice of Huntington. I further understand that the offer of employment is contingent upon the completion of a satisfactory background check.

Signature of applicant _____ **Date:** _____

Hospice is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age or disability.

Thank you for completing this application form and for your interest in Hospice of Huntington, Inc...