HINDS HOSPICE

Employment Application

Attn: Human Resources

2490 W. Shaw Suite 201, Fresno, CA 93711

An Equal Opportunity Employer

Please Print

Date _____

Name _____

Last First Middle

Business Telephone ( ) _____ Home Telephone ( ) _____

Present Address _____

No. Street City State Zip

Have You Ever Been Employed Under Another Name? __Yes __No Give Name:_____

Employment Desired

Position applying for: _____

Applying for: __Full Time __ Part Time __ On Call __ Per Diem Shifts: __Day __Evenings __Nights

Answer the following questions if you are applying for a professional position

Professional Type_____No. _____ State_____ Expiration Date _____

Licenses Held Type _____ No. _____ State _____ Expiration Date _____

Has your license/certification ever been revoked or suspended? Yes _____ No _____

If yes, state reason(s), date of revocation or suspension and date of reinstatement. _____

_____

Personal Information

Have you ever been convicted of a criminal offense felony or serious misdmeanor? (Convictions for marijuana-related offenses that are more than two years old need not be listed.) Yes _____ No _____

If yes, state nature of the crime(s), when and where convicted and disposition of the case.

_____

_____

_____

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

If you are applying for a position with regular access to patients, please disclose any arrest and/or conviction for a sex offense for which registration is or may be required under the California Penal Code.

_____

If you are applying for a position with access to drugs, medication, please disclose any arrest and or conviction for the unlawful possession of narcotics or any other narcotic-related offense. _____

_____

If hired, would you have a reliable means of transportation to and from work? Yes_____ No_____

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) Yes _____ No _____

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes _____ No _____

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes _____ No _____

If no, describe the functions that cannot be performed

_____

_____

_____

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Are you currently employed? Yes _____ No _____

If so, may we contact your current employer? Yes _____ No _____

Education, Training and Experience

School	Name and Address	No. of years completed	Did you graduate?	Degree or Diploma
High School			Yes ____ No ____	
College/ University			Yes ____ No ____	
Vocational/ Business			Yes ____ No ____	
Health Care			Yes ____ No ____	

For Degree Only: College/University Address _____

Department Contact/Phone _____

Additional Degree: College/University Address_____

Department Contact/Phone_____

Some of our patients and clients speak little or no English. Do you speak, write or understand any foreign languages? Yes _____ No _____

If yes, which languages(s)? _____

Do you have any other experience, training, qualifications or skills, which you feel make you especially suited for work at Hinds Hospice? If so, please explain:

_____

_____

Employment History

List all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer _____

Address _____
No. Street City State Zip

Type of Business _____

Telephone No. ( ) _____ Your Supervisor's Name _____

Your Position and Duties _____

Date of Employment: From _____ To _____

Weekly Pay: Starting _____ Ending _____

Reason for Leaving _____

May we contact this employer for a reference? ❑ Yes ❑ No

Name of Employer _____

Address _____
No. Street City State Zip

Type of Business _____

Telephone No. ( ) _____ Your Supervisor's Name _____

Your Position and Duties _____

Date of Employment: From _____ To _____

Weekly Pay: Starting _____ Ending _____

Reason for Leaving _____

May we contact this employer for a reference? ❑ Yes ❑ No

Name of Employer _____

Address _____
No. Street City State Zip

Type of Business _____

Telephone No. (____) _____ Your Supervisor's Name _____

Your Position and Duties _____

Date of Employment: From _____ To _____

Weekly Pay: Starting _____ Ending _____

Reason for Leaving _____

May we contact this employer for a reference? ❑ Yes ❑ No

Military Service

Have you obtained any special skills or abilities as the result of service in the military? Yes _____ No _____

If so, describe: _____

_____

References

List below three persons **not related** to you who have knowledge of your work performance within the last three years.

Name _____

Address _____
No. Street City State Zip

Occupation: _____ Telephone:_____

Name _____

Address _____
No. Street City State Zip

Occupation: _____ Telephone:_____

Name _____

Address _____
No. Street City State Zip

Occupation: _____ Telephone:_____

Please Read Carefully, Initial Each Paragraph and Sign Below

IINTIALS

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I understand that failing to complete all required information accurately may result in revoking the job offer or immediate termination. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize Hinds Hospice investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to Hinds Hospice any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Hinds Hospice, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that Hinds Hospice is an at-will employer and that nothing contained in the application, or conveyed during any interview, which may be granted, or during my employment, if hired, is intended to create an employment contract between Hinds Hospice and me. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or Hinds Hospice, and that no promises or representations contrary to the foregoing are binding on HINDS HOSPICE unless made in writing and signed by me and Hinds Hospice Executive Director.

Date _____

Applicant's Signature _____