

# Hospice of Chattanooga

## Employment Application Instructions

The following application package is formatted as a 'fillable' PDF document. This means that you can use your computer keyboard to complete the application. If you find that you cannot fill out the form that follows, you need to get the latest version of Adobe Acrobat Reader. Adobe Reader is free and can be downloaded at <http://get.adobe.com/reader/> .

**MAC USERS MUST USE ADOBE READER** or the form will not transmit correctly.

- Above this page, you should see a button to click that says "Highlight Fields". That is a helpful feature that will show you all of the fields to be completed on the application form that follows.
- Here are some tips:
- As you type in each field of the form, the font size will automatically adjust to the size of the field.
- After you have filled each field, you can press the tab key to go to the next field.
- Please complete ALL pages and ALL fields except for those that do not apply to you.
- You will see some duplicate pages in the application package as multiple copies of reference forms are needed. Please complete every copy of the reference forms. The exception to that is if you have had less than 4 previous jobs. E.g. if you have only had 2 previous jobs, only 2 copies of the "Release for Work reference" are required.
- If you are unable to or do not desire to complete the application all at once, you may save the file and reopen it later to resume the process.

After you have completed the application, YOU MUST RESAVE it to your computer or the information entered will be lost. When you have completed and resaved the application, submit/upload your completed application at [www.hospiceofchattanooga.org/employment](http://www.hospiceofchattanooga.org/employment) .

Thanks you for taking the time to submit your application for employment to Hospice of Chattanooga.

## **INSTRUCTIONS**

Hospice of Chattanooga, Inc. wants to thank you in advance for giving us the opportunity to consider you for employment.

In order for us to get started, we will need you to complete the application package. The employment experience, education, and other sections must be thoroughly completed, even if you are providing a resume. Be sure you read and sign the back of the application form.

Please provide complete addresses and telephone numbers requested on all documents. If you have certifications and/or are licensed, please provide a copy of those with your application (i.e. State License(s) and/or Certifications, current CPR Certifications, etc.).

To avoid confusion, all the work references and personal/professional reference forms get processed from our office. Please complete the top portion only of each form, sign the form, and leave them with your application when returning it to us.

Again, thank you for your interest in working at Hospice of Chattanooga, Inc.

# APPLICATION FOR EMPLOYMENT

HOSPICE OF CHATTANOOGA, INC.  
4411 Oakwood Drive  
CHATTANOOGA, TN 37416  
PHONE -892-2175 CONFIDENTIAL FAX-892-8985

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
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Please check how you learned of this job opportunity:  
Walk-In    Newspaper Ad    Website Ad    HOC web site    HOC employee(name): \_\_\_\_\_  
Other (specify): \_\_\_\_\_

Last Name	First Name	Middle Name
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Address Number	Street	City	State	Zip Code
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Telephone Number(s) (Home Number)	(Work Number)	(Cellular Number)	Social Security Number
			____ -- ____ -- ____

Enter Your Email Address \_\_\_\_\_

Do you have any relatives that are employed here?  Yes  No  
If so who? \_\_\_\_\_

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Have you ever filed an application with us before?  Yes  No  
If yes, give date \_\_\_\_\_

Have you ever been employed with us before?  Yes  No  
If yes, give date \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in the country because of Visa or Immigration Status? *Proof of citizenship or immigration status will be required upon employment.*  Yes  No

On what date would you be available for work? \_\_\_\_\_

Are you available to work:      Full Time      Part Time      Night Shift      Temporary (PRN)

Are you currently on "lay-off" status and subject to recall?  Yes  No

Have you been convicted of a felony within the last 7 years?  Yes  No  
*Conviction will not necessarily disqualify an applicant from employment.*

If Yes, please explain \_\_\_\_\_

# Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, handicap or other protected status.

<b>Employer</b> (most recent or current)		<u>Dates Employed</u>		Work Performed
		From	To	
Address				
Telephone Number(s)		<u>Hourly Rate/Salary</u>		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
<b>Employer</b>		<u>Dates Employed</u>		Work Performed
		From	To	
Address				
Telephone Number(s)		<u>Hourly Rate/Salary</u>		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
<b>Employer</b>		<u>Dates Employed</u>		Work Performed
		From	To	
Address				
Telephone Number(s)		<u>Hourly Rate/Salary</u>		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
<b>Employer</b>		<u>Dates Employed</u>		Work Performed
		From	To	
Address				
Telephone Number(s)		<u>Hourly Rate/Salary</u>		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

## **Special Skills and Qualifications**

Summarize special job-related skills and qualifications acquired from employment or other experience.

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**EDUCATION**

	High School	Undergraduate College/University	Graduate/ Professional
School Name/Location			
Years Completed	<input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
Diploma/ Degree/Year			
Describe Course of Study			
Describe any specialized training, apprenticeship, skills and extracurricular activities.			
Describe any honors you have received			
State any additional information you feel may be helpful to us in considering your application.			

**LICENSES AND CERTIFICATES**

(LIST ALL LICENSES, CERTIFICATES OR REGISTRATIONS PERTINENT TO POSITION APPLIED FOR)

TN Nursing RN    LPN    CNA    Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 GA Nursing RN    LPN    CNA    Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 TN Social    LCSW    LMSW    Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 GA Social    LCSW    LMSW    Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Other (Describe) \_\_\_\_\_

OTHER LICENSING AUTHORITY \_\_\_\_\_

<p>List professional, trade, business or civic activities and offices held.          You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:</p> <p>_____</p> <p>_____</p>
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**PERSONAL REFERENCES**

Give name, address, telephone number of three references who are not related to you and are not previous employers.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Have you ever had any job-related training in the United States military?  Yes  No

If Yes, please describe \_\_\_\_\_

\_\_\_\_\_

Are you physically or otherwise unable to perform the duties of the job for which you are applying?  Yes  No



# EMPLOYMENT APPLICATION

## Authorization to Release Information and Records

I hereby authorize the following organizations, individuals, and entities to furnish LexisNexis or its agents with any and all available information and copies of records/transcripts pertaining to me, my activities, and/or my status for the purpose of possible employment with Hospice of Chattanooga.

- Present and past employers
- Schools, colleges, universities, or other institutions of learning
- Law enforcement agencies and custodians of court records
- Custodians of state records
- Motor Vehicle Report from State retained, or formerly retained
- Branches of military service
- Credit bureaus and financial reporting institutions
- Physicians, hospitals, medical clinics, and custodians of medical records
- Individuals who serve as references

Initial

I hereby hold harmless from liability LexisNexis and any other person(s) or agency and their employees and agents who may provide or discuss pertinent information in conjunction with the background investigation.

A machine copy of this authorization shall be considered as effective and valid as the original.

Print Full Name (Last, First, Middle)

Social Security Number

Other Names Used (Include Maiden Name & Year of Name Change)

Date of Birth (Optional)

Current Address

City

State

Zip

Applicant Signature

Date

Driver's License Number #: \_\_\_\_\_ State Obtained: \_\_\_\_\_

Please send response to this inquiry confidentially to:

Human Resource Dept.  
Hospice of Chattanooga  
4411 Oakwood Dr.  
Chattanooga, TN 37416  
Fax Number 423-892-8985



# RELEASE FOR WORK REFERENCE

Company Name: \_\_\_\_\_  
 Company Address: \_\_\_\_\_

\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

Company Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Company Fax: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Print Name: \_\_\_\_\_ has applied to Hospice of Chattanooga, Inc.  
 for the position of (print job applying for): \_\_\_\_\_

*Our policy is not to employ anyone without a complete reference check, therefore, we would appreciate your prompt attention to our request to provide the information below specified, and note the applicant has signed a release authorizing you to release all information regarding their employment.*

I hereby release from all liability the company (or person) named above, and authorize them to release all information regarding my employment with them.

\_\_\_\_\_  
 Applicant's Signature                      Social Security #                      Date  
**(Applicant Stop Here)**

Dates Employed: (from) \_\_\_\_\_ (to) \_\_\_\_\_  
 Positions Held (job title) \_\_\_\_\_

	Above Average	Average	Below Average
Quality of Work			
Team Player/Cooperation			
Dependability/Attendance			
Followed Policies & Procedures			
Documentation (if applicable)			
Communication Skills			
Personal Traits & Habits			

Reason for Leaving: \_\_\_\_\_

Would You Rehire? \_\_\_\_\_ If Not, Why? \_\_\_\_\_

INFORMATION SUPPLIED BY: \_\_\_\_\_  
 Your Job Title: \_\_\_\_\_

=====

**PLEASE FAX THIS REFERENCE BACK TO: (423) 892-8985**  
 Debbie Steele, Director of Human Resources  
*If you have any questions or wish to call me personally, I can be reached at*  
**(423) 805-7043**

**THANK YOU FOR YOUR PROMPT ATTENTION TO THIS REQUEST.**



Thank you for completing our application. You have reached the end of the application document.

**HOWEVER, IT IS IMPORTANT YOU SAVE THE DOCUMENT NOW ON YOUR OWN COMPUTER AND SUBMIT IT PROPERLY.**

You may scroll back up to review the instructions.

THANK YOU.