

Application For Employment



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 disability or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For		Date of Application	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____	
Last Name	First Name	Middle Name (if any)	
Address	City	State	Zip Code
Telephone Number (s)		Social Security Number ____	
Drivers License State	Number		
Email Address:			

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 this country because of Visa or Immigration Status?

Yes No

Proof of citizenship or immigration status will be required upon employment

On what date would you be available for work? _____

When are you available to work: Full Time Part Time As Needed

Are you currently on "lay-off" status and subject to recall?

Yes No

Can you travel if a job requires it?

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.

EDUCATION

Application For Employment



	Elementary School					High School				Undergraduate College/University				Graduate/Professional			
School Name																	
City & State																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Dates Attended Undergraduate and Graduate School										From ___/___/___ To ___/___/___				From ___/___/___ To ___/___/___			
Describe Course of Study																	
Diploma/Degree Obtained																	
Describe any specialized training, apprenticeship, skills and extra-curricular activities																	
Describe any honors you have received																	
State any additional information you feel may be helpful to us in considering your application																	

Indicate any foreign languages you can speak, read and/or write.			
	FLUENT	GOOD	FAIR
Speak			
Read			
Write			

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:

REFERENCES

Give name, address and telephone number of three (3) references who are not related to you and are not previous employers.

1. _____

2. _____

3. _____

Are you physically or otherwise unable to perform the duties of the job for which you are applying, with or without reasonable accommodation? Yes No

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EMPLOYMENT EXPERIENCE

This section must be filled out completely. You may attach a resume. However, that will not be accepted as a substitute for completion of this page.

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

Title of Position _____		Starting Salary _____	Last Salary _____															
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Please use an additional page for more information, if needed.

Please discuss any gaps in employment. If there are no gaps, please check here

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FRAUD, ABUSE AND WASTE HISTORY STATEMENT

I acknowledge and affirm that I have not been nor am I currently under investigation or under sanctions or restrictions for any activity relating to fraud, abuse or waste.

Applicant's Signature

Date

SUMMARY OF ALCOHOL AND DRUG ABUSE POLICY

Hospice, through its Alcohol and Drug Abuse Policy, prohibits the use, possession, manufacture, distribution, dispensation or sale of illegal drugs, drug paraphernalia, controlled substances and alcohol on Hospice premises, while on hospice business, while on call, or during working hours. The policy also requires all applicants offered employment to be tested for drug or alcohol use. Drug and alcohol testing of current employees is required in other circumstances. Violations of Hospice's Alcohol and Drug Abuse Policy can result in referral to rehabilitation, termination of employment, report to appropriate licensing agency and other action as warranted.

I have read and understand the Hospice El Paso alcohol and Drug Abuse Policy and consent to a drug test if hired by Hospice El Paso. I understand that if I do not consent or do not pass the drug test, the offer of employment will be withdrawn or employment will be terminated.

Applicant's Signature

Date

VERIFICATION OF EMPLOYABILITY

If hired by Hospice El Paso, I certify that I am aware of and consent to Hospice performing a criminal history check and voluntarily wish to inform Hospice of my birth date: ___/___/___ to be used to conduct a criminal history and other background checks. I also wish to inform Hospice that I have been charged and/or convicted of the following offense/s:

I certify that I am aware of the requirement for and consent to Hospice performing a search of the Employee Misconduct and Nurse Aide Registry, the OIG Exclusion Data, and performing a driving record check at time of hire and annually thereafter for as long as I remain an employee of Hospice of El Paso, Inc.

I understand that my hire is not complete until I have been shown to meet all employment eligibility criteria. This means that my criminal history check must be acceptable to Hospice, that it must not disclose an offense that renders me ineligible for employment, that I must not be listed in the Registry as being ineligible for employment in a health care setting, and that my driving record must be acceptable. If any of these or other applicable criteria are not met, the offer of employment will be immediately withdrawn and/or employment will be terminated.

Applicant's Signature

Date

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APPLICANT'S STATEMENT

I certify that 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.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I understand that neither this document nor any offer of employment from the employer constitutes an employment contract.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all the rules and regulations of the employer.

Signature of Applicant

Date

AUTHORIZATION AND RELEASE

I hereby authorize Hospice El Paso to contact any former employer or educational institution identified by me on my employment application or during the application process. I consent and authorize the release of any information regarding my employment or education to Hospice and I release all former employers and educators and educational institutions from any claims that could arise as a result of information they provide to Hospice.

Applicant's Signature

Date