American Hospice

Application for Employment

Hospice of Arizona	Hospice of New Jersey	Hospice of Virginia	Embracing Hospice	Frontier Hospice
2222 W. Northern Avenue Suite A-100 Phoenix, AZ 85021 (602) 678-1313	400 Broadacres Drive 1st Floor Bloomfield, NJ 07003 (973) 893-0818	7231 Forest Avenue Suite 100 Richmond, VA 23226 (804) 281-0451	3180 Presidential Drive Suite G Atlanta, GA 30340 (404) 659-0110	3908 North Peniel Suite 500 Bethany, OK 73008 (405) 789-2913

American Hospice Jacksonville Central Service Center
50 N. Laura Street, Suite 1800
Jacksonville, FL 32202
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American Hospice

APPLICATION FOR EMPLOYMENT

It is the policy of American Hospice and its Providers to provide equal employment opportunities to all employees and applicants without regard to race, color, religion, gender (including pregnancy, childbirth or related medical conditions), national origin, ancestry, age, disability, family care status, protected veteran status, marital status, sexual orientation or any other characteristic protected by law.

SECTION I - PERSONAL INFORMATION (Please answer all completely accurately)

Date of Application: _____/ _____/ _____ Social Security Number: _____/ _____/ _____

Name: Last _____ First _____ Middle _____

_____ _____ _____ _____
Current Address City State Zip

How long at this address? _____ If less than 2 years, please list previous addresses.

1. _____ _____ _____ _____
Current Address City State Zip

2. _____ _____ _____ _____
Current Address City State Zip

Home Phone: (_____) _____ - _____ Alternate Phone (_____) _____ - _____

Position Desired: 2nd Choice:

Shift Desired: ☐ FULL TIME ☐ PART TIME ☐ TEMPORARY **and** ☐ DAY ☐ NIGHT ☐ EVENING ☐ WEEKEND

Available Start Date: _____/ _____/ _____

Have you ever been employed by American Hospice or one of its providers? ☐ YES ☐ NO If yes, which provider?
☐ AHM CSC ☐ Embracing Hospice ☐ Frontier Hospice ☐ Hospice of Arizona ☐ Hospice of New Jersey ☐ Hospice of Virginia

Date: _____/_____/_____ Disposition: _____

Do you have any relative(s), or persons with whom you are involved in a close personal relationship, employed by this provider or another American Hospice provider? ☐ YES ☐ NO

Name: _____ Relationship: _____

Name: _____ Relationship: _____

SECTION II - EMPLOYMENT INFORMATION

Are you at least 18 years of age? ☐ YES ☐ NO

Do you currently have unrestricted work authorization allowing you to accept U.S. employment? ☐ YES ☐ NO

Have you ever been convicted of a violation of any law or ordinance other than a traffic violation (juvenile delinquency, youthful offender and wayward minor excluded)? ☐ YES ☐ NO
(PLEASE NOTE: A CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT.)

If yes, please explain: _____

PROFESSIONAL & PARAPROFESSIONAL POSITIONS REQUIRING LICENSURE OR CERTIFICATION ONLY:
Please indicate professional memberships, certificates or licenses held (exclude those indicating race, color, religion, sex, sexual orientation, national origin, physical or mental disability, or labor organization affiliations). Supplement this information by written attachment if applicable.

Special Licenses: _____ Issuing State: _____ License/Cert #: _____

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: _____

ADDITIONAL INFORMATION:

Can you with or without reasonable accommodation, perform the essential functions of the position in which you are interested? ☐ YES WITH ☐ YES WITHOUT

Are you presently employed? ☐ YES ☐ NO If yes, may we contact your present employer? ☐ YES ☐ NO

Contact Information: _____

Company Name Contact Name & Title Telephone #

How did you learn of this Hospice? _____

Please list any paid or volunteer experience in your community: _____

MILITARY SERVICE:

Are you currently or have you previously served in the armed forces? ☐ YES ☐ NO _____

Branch of Service

Dates of Services (Month/Year) From: ____/____/____ To: ____/____/____ _____

War(s) / Campaign(s) Served: _____

List duties in Service, including Special Training: _____

_____

SECTION III - EDUCATION, BACKGROUND, MILITARY SERVICE, PROFESSIONAL POSITIONS & ADDITIONAL INFORMATION

EDUCATION	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	# OF YRS ATTENDED	LIST DEGREE/DIPLOMA RECEIVED
High School			1 2 3 4	
College			1 2 3 4+	
Graduate			1 2 3 4+	
Technical or Business School			1 2 3 4+	

Additional Language Skills:

Indicate Language(s) _____ ☐ SPEAK ☐ READ ☐ WRITE

Indicate Language(s) _____ ☐ SPEAK ☐ READ ☐ WRITE

If you have any additional educational, vocational and/or professional information, such as special areas of research or study, training, seminars, etc., please indicate such information that is relevant to your application here:

_____

_____

_____

_____

_____

_____

_____

SECTION IV - EMPLOYMENT DATA

Present or Last Employer Name: _____ Phone: _____

_____ _____ _____ _____
Address City State Zip

Dates Employed From: ____/____/____ To: ____/____/____

Present Salary: $ _____ [Annual / Hourly]

Starting Pay: $ _____ [Annual / Hourly] Ending Salary: $ _____ [Annual / Hourly]

Position(s) Held: _____

Immediate Supervisor: Name: _____ Title: _____

Describe your duties: _____

_____

May we contact employer? ☐ YES ☐ NO If yes, provide phone contact: (____) _____-_____

Reason for leaving: _____

Previous Employer Name: _____ Phone: _____

_____ _____ _____ _____
Address City State Zip

Dates Employed From: ____/____/____ To: ____/____/____

Present Salary: $ _____ [Annual / Hourly]

Starting Pay: $ _____ [Annual / Hourly] Ending Salary: $ _____ [Annual / Hourly]

Position(s) Held: _____

Immediate Supervisor: Name: _____ Title: _____

Describe your duties: _____

_____

May we contact employer? ☐ YES ☐ NO If yes, provide phone contact: (____) _____-_____

Reason for leaving: _____

Previous Employer Name: _____ Phone: _____

_____ _____ _____ _____
Address City State Zip

Dates Employed From: ____/____/____ To: ____/____/____

Present Salary: $ _____ [Annual / Hourly]

Starting Pay: $ _____ [Annual / Hourly] Ending Salary: $ _____ [Annual / Hourly]

Position(s) Held: _____

Immediate Supervisor: Name: _____ Title: _____

Describe your duties: _____

_____

May we contact employer? ☐ YES ☐ NO If yes, provide phone contact: (____) _____-_____

Reason for leaving: _____

SECTION V - REFERENCES: Please provide the names, addresses and telephone numbers of three professional references who are not related to you.

1. _____ _____
Name | Address | City | State | Zip
Home Phone | Work Phone | Cell Phone

2. _____ _____
Name | Address | City | State | Zip
Home Phone | Work Phone | Cell Phone

3. _____ _____
Name | Address | City | State | Zip
Home Phone | Work Phone | Cell Phone

Comments about References:

SECTION VI - ACKNOWLEDGEMENT & SIGNATURE

PERSONNEL APPLICATION ACKNOWLEDGEMENT AND SIGNATURE

I certify that all the information submitted by me on this application is true and complete, and I understand that any false information or omissions will lead to rejection of my application or, if I am employed, discipline up to and including termination at the time such false information or omissions are discovered.

I authorize investigation of all statements contained in this application, authorize American Hospice to secure information about my background and experience with former employers, educational institutions and any relevant agencies, and authorize those parties to provide information to American Hospice concerning my background and experience. I release American Hospice, and all parties providing information to American Hospice about my background and experience, from any liability whatsoever arising from an inquiry by American Hospice about my background.

My signature below certifies that I understand that if I am extended an offer of employment by American Hospice, my employment is contingent upon satisfactory completion of a medical examination, criminal background check including Motor Vehicle Division check, drug test, credit check in accordance with the Fair Credit Reporting Act, and submission of proof that I have the credentials an/or licenses (if relevant) necessary for the position that I am offered.

I understand that if I am employed, my employment with American Hospice may be terminated for any reason, with or without cause or notice, and at any time, by me or American Hospice. Nothing in this application or in any oral or written statement provided to me by American Hospice will limit these rights to terminate my employment at will and no one will have any authority to change this at-will relationship, unless such a change is in writing signed by the Administrator.

I understand that this application is only valid for the position applied for at present and that American Hospice is not obligated to retain or consider this application for future openings.

Applicant Signature: _____ Date: _____/_____/_____

Print Name: _____

SECTION VII - EQUAL OPPORTUNITY INFORMATION

It is the policy of American Hospice and its Providers to provide equal employment opportunities to all employees and applicants without regard to race, color, religion, gender (including pregnancy, childbirth or related medical conditions), national origin, ancestry, age, disability, family care status, protected veteran status, marital status, sexual orientation or any other characteristic protected by law.

American Hospice is required by the Equal Opportunity Commission to collect and maintain the information requested below for EEO statistical reporting purposes. The information you provide will not be used in evaluating your application for employment; it is voluntary and will be kept confidential.

PLEASE COMPLETE IN FULL

Date: _____ Position Applied For: _____

Name: _____ Sex: ☐ M ☐ F

ETHNIC GROUP:

Please check one of the below descriptions corresponding to the ethnic group with which you most identify.

☐ **American Indian or Alaskan Native (Not Hispanic or Latino)**: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

☐ **Asian (Not Hispanic or Latino)**: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ **Black or African American (Not Hispanic or Latino)**: A person having origins in any of the black racial groups of Africa.

☐ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)**: A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ **Hispanic or Latino**: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

☐ **Hispanic or Latino (White race only)**: A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of the White race.

☐ **White (Not Hispanic or Latino):** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

☐ **Two or More Races (Not Hispanic or Latino)**: All persons who identify with more than one of the above five races.

VETERAN STATUS:

☐ **Disabled Veteran** means: 1) A veteran of the US military, ground, naval or air service who is entitled to compensation (or who for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or 2) A person who was discharged or released from active duty because of a service-connected disability.

☐ **Other Protected Veteran** means: a veteran who served on active duty in the US military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, under the laws administered by the department of defense.

☐ **Armed Forces Service Medal Veteran** means: any veteran who wile serving on active duty in the US military, ground, naval or air service, participated in a United States military operation to which an Armed Forces service medal was awarded pursuant to Executive Order 12985(61 FR 1209).

☐ **Recently Separated Veteran** means: any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the US military, ground, naval or air service.

If you are a person with a disability, a list of essential job functions for the position you are applying for is available from the Human Resources Representative, please review them and answer the following questions:

Are you able to perform these tasks ☐ with accommodation(s) ☐ without accommodation(s)

If an accommodation is needed, how would you perform the tasks and with what accommodation(s)?

_____

_____