

Application for Employment

We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

Applicant Name (last, first, middle): _____

Email Address: _____

Current Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Are you at least 18 years old? Yes No Position Applying For: _____

Full time Part time Part time per visit Pool Shift: Day Evening Night Weekends

If you are not a US citizen, do you have the legal right to remain permanently in the US? Yes No

Salary Requirements: _____ Date Available: _____

Do you have adequate means of transportation to get to work on time each day, and when call in on short notice during normal work hours? Yes No

Educational History

Type of School	Name and Location of School	Circle Last Year Attended	Graduated	Degree
High School		9 10 11 12		
College		1 2 3 4		
College		1 2 3 4		
Other		From: To:		

List professional licenses you possess. Indicate type (i.e., license, certification, registration, etc.), number, and issuing state:

List any memberships in professional organizations, honors, or activities which you feel would enhance your application, excluding those that would indicate race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law:

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Name: _____

List languages spoken other than English:

List other skills applicable to the position for which you are applying, including computer experience, typing speed, etc.:

Work History

Attach an additional sheet listing other work experience pertinent to the position for which you are applying if the space below is insufficient.

Company Name	Complete Address including city, state, zip	Phone Number	Supervisor's Name
Date Started	Type of Business <input type="checkbox"/> Full time	Reason for Leaving	Ok to Contact Supervisor <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Left	<input type="checkbox"/> Part time <input type="checkbox"/> Per visit		

Describe your job title, responsibilities, and accomplishments:

Company Name	Complete Address including city, state, zip	Phone Number	Supervisor's Name
Date Started	Type of Business <input type="checkbox"/> Full time	Reason for Leaving	Ok to Contact Supervisor <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Left	<input type="checkbox"/> Part time <input type="checkbox"/> Per visit		

Describe your job title, responsibilities, and accomplishments:

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Name: _____

Company Name	Complete Address including city, state, zip	Phone Number	Supervisor's Name
Date Started	Type of Business <input type="checkbox"/> Full time	Reason for Leaving	Ok to Contact Supervisor <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Left	<input type="checkbox"/> Part time <input type="checkbox"/> Per visit		
Describe your job title, responsibilities, and accomplishments: _____ _____ _____			

Personal References – Name, Phone, Relationship:

Emergency Contact: _____

Relationship: _____ Phone: _____

Address: _____

Out-of-State Contact (if possible): _____

Relationship: _____ Phone: _____

Address: _____

Application for Employment

Please review and sign

In making application for employment:

- I certify that the information in this application is true and complete for all practical purposes. It may be verified by the Hospice or any affiliate. Should a position be offered and later it is found that the information is significantly untrue, incomplete, or misrepresented, I understand and agree that the Hospice or its affiliates are relieved of all commitments, financial or otherwise pertinent to employment, and that I am subject to immediate termination without recourse.
- I understand and agree that if I am offered employment by the Hospice, my employment will be for no definite term and that either I, or the Hospice will have the right to terminate the employment relationship at any time, with or without cause, and with or without notice. I also understand that this status can only be altered by a written contract of employment which is specific as to all material terms and is signed by me and the Administrator of the Hospice.
- I understand, if I have direct patient contact that the Hospice will perform a background check, including criminal history check, OIG exclusion list check (if applicable), and any additional checks as required by accrediting body standards or State Regulations. I further understand, if I am an unlicensed person, the Hospice will perform a check of the Nurse Aide Registry and Employee Misconduct Registry. I understand that: 1) the purpose of the Employee Misconduct Registry is to ensure that unlicensed personnel who commit acts of abuse, neglect, exploitation, misappropriation, or misconduct against residents and consumers are denied employment in HHS-regulated facilities and agencies; 2) the State of Texas maintains a registry of all nurse aides who are certified to provide services in nursing facilities and skilled nursing facilities licensed by the Texas Health and Human Services (HHS) and they review and investigate allegations of abuse, neglect, or misappropriation of resident property by nurse aides and if there's a finding of an alleged act of abuse, neglect, or misappropriation, the nurse aide may request both an informal reconsideration and a formal hearing before the finding is placed on the registry; 3) All HHS-regulated facilities and agencies are required to check the Employee Misconduct Registry and Nurse Aide Registry before hire to determine if I am listed in either registry as having committed an act of abuse, neglect, exploitation, misappropriation, or misconduct against a resident or consumer and am, therefore, unemployable. I understand that a refusal to authorize the criminal background check may result in adverse employment action, such as rejection of the application or termination of employment.

Release: I hereby authorize any prior employers to provide such information concerning my employment with them as may be requested, and also authorize the Registrar / enrollment or admissions office of all educational institutions attended to release an official copy of my transcript and, if available, faculty appraisals. I also authorize any appropriate licensing board to release full information concerning my license status and my license history.

Date of Birth: _____ DL #: _____
 Applicant Signature: _____ Date: _____

For Office Use Only	<input type="checkbox"/> Interview(s)	<input type="checkbox"/> References Checked	If Hired:	
			Position:	Start Date:
			Salary:	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Per visit