



Valley Hospice

Caring. Living. Healing.

APPLICATION FOR EMPLOYMENT

APPLICANT TO COMPLETE ALL INFORMATION REQUESTED PLEASE PRINT

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, martial status, veteran status, non-job related disability, or any other protected group status.

Date: _____

Name: _____
Last First Middle Initial

Present Address: _____
No. Street City State Zip

Telephone Number: (____) _____ Email Address: _____

Do you have a legal right to be employed in the United States? Yes No

Are you over the age of 18? Yes No

EMPLOYMENT INFORMATION

Position applying for: _____ Salary desired: _____

Are you seeking: Full time Part time PRN employment When can you start? _____

Have you previously been employed by this organization? Yes No

Are you related to or do you know anyone currently in our employ? Yes No

How did you hear about this opportunity? _____

EDUCATIONAL BACKGROUND

Type of School	Name and City	Did you graduate?	Course or Major
College			
Technical School			
High School			
Other			

LIST EMPLOYMENT, BEGINNING WITH MOST RECENT

Company Name:	Wages/ Salary	Dates Worked:
City, State:	Beginning: \$	Position(s) Held:
Phone No.: ()	Ending: \$	Reason for Leaving:
Name of Supervisor:		Hours Worked:

Company Name:	Wages/ Salary	Dates Worked:
City, State:	Beginning: \$	Position(s) Held:
Phone No.: ()	Ending: \$	Reason for Leaving:
Name of Supervisor:		Hours Worked:

Company Name:	Wages/ Salary	Dates Worked:
City, State:	Beginning: \$	Position(s) Held:
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Company Name:	Wages/ Salary	Dates Worked:
City, State:	Beginning: \$	Position(s) Held:
Phone No.: ()	Ending: \$	Reason for Leaving:
Name of Supervisor:		Hours Worked:

MISCELLANEOUS INFORMATION

PROFESSIONAL INFORMATION: Licenses/Certification

RN Social Work LPN OT PT Speech Dietary Pharmacy Physician CNA

State(s) Currently Licensed/Certified: _____

Are you available for:

Weekend Work On-Call Overtime Travel if required by job

Do you have a valid driver's license? Yes No

Are you currently attending school? Yes No

Have you ever been convicted of a crime? Yes No If yes, please provide dates and details:

Are there any reasons why you cannot perform the duties of the job? Yes No If yes, explain:

Answering "yes" to any of these questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Why would you like to work for Valley Hospice?

What previous experiences have you had with loss, personally and/or professionally?

REFERENCES

You will need to provide three professional references. Please complete the attached forms and return with this application.

Are you presently employed? Yes No If yes, name of Employer_____

May we contact your present employer? Yes No

If yes, please state name, contact person, address, and phone number of current employer:

PRE EMPLOYMENT SCREENING AFTER AN ACCEPTED OFFER

Pre-Employment Drug Screenings are required for all employees. Physical and Musculo-Skeletal exams are required for all clinical positions. A criminal history background check is required for all positions in the agency. Employment is conditional on the results of these pre-employment screenings.

APPLICANT STATEMENT

I certify that all information I have provided in order to apply for a secure work with Valley Hospice is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to cancel further consideration of the application, or immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references, employers, public agencies, licensing authorities and education institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations from furnishing such information about me.

I understand that the employer does not unlawfully discriminate employment and no questions on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state, or federal law.

If I am hired, I understand that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time at the option of either the organization or myself, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and no implied, oral or written agreements contrary to the foregoing-expressed language are valid unless they are in writing and signed by the employer's CEO.

I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and the federal immigration laws require me to complete and I-9 Form in this regard.

I understand that if I am hired, I am granting Valley Hospice the authority to conduct a criminal history background check. In addition I agree to undertake medical pre-screenings in accordance with Valley Hospice policy. I understand that I have the right to make a written request within a reasonable period of time for complete disclosure of the results of any pre-employment screenings performed.

I CERTIFY THAT I HAVE READ, FULLY UNDERSTAND AND ACCEPT ALL TERMS OF THE ABOVE APPLICANT STATEMENT.

Signature of Applicant _____ Date _____



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Computer Skills Survey

To better understand your level of knowledge with computers, please answer the following questions. This information is only used to inform us of your level of experience.

Name: _____

Please circle your corresponding level of knowledge under Experience Level:

Program:

Experience Level:

Adobe Reader (PDF)

No experience
Beginner
Intermediate
Advanced

Internet

No experience
Beginner
Intermediate
Advanced

Microsoft Outlook Email

No experience
Beginner
Intermediate
Advanced

Microsoft Word

No experience
Beginner
Intermediate
Advanced

Microsoft Excel

No experience
Beginner
Intermediate
Advanced

Microsoft Access

No experience
Beginner
Intermediate
Advanced

Microsoft Publisher

No experience
Beginner
Intermediate
Advanced

Microsoft PowerPoint

No experience
Beginner
Intermediate
Advanced

Suncoast Solutions

No experience
Beginner
Intermediate
Advanced

PeopleTrak

No experience
Beginner
Intermediate
Advanced

CYMA Accounting Software

No experience
Beginner
Intermediate
Advanced

Please answer the following:

Type WPM: _____

Please feel free to make any additional comments (this can include other computer programs in which you have experience):