

Generations Hospice

Service Corporation

Application for Employment

Instructions to Applicant

1. You must fully and accurately complete the Application for Employment. Incomplete applications will not be considered. Generations Hospice Service Corporation may use the information given in the application to investigate the applicant's previous employment and background.
2. The Application for Employment will be considered inactive after 90 days. If you wish to be considered after that time, you must complete a new Application for Employment.
3. If you are hired, proof of citizenship or immigration status will be required to verify your lawful right to work in the United States.

PERSONAL INFORMATION (*Required Information)

* Last Name: _____ * First Name: _____ Initial: _____

* Street Address: _____

* City: _____ State: _____ Zip: _____

* Social Security Number: _____

	Best Way to Contact	Best Time to Call
* Home/Other Phone: _____	<input type="checkbox"/>	_____
Work Phone: _____	<input type="checkbox"/>	_____
Mobile Phone: _____	<input type="checkbox"/>	_____
E-mail Address: _____	<input type="checkbox"/>	_____

EDUCATION

Education Level	Name and Location of School	Course of Study/Major	Graduate or GED?	No. of Years Completed	List Diploma or Degree	Date of Graduation
High school						
Vocational Technical						
Professional or Diploma						
College/Univ (Undergraduate)						
College/Univ (Graduate)						
Medical School						
Internship						
Residency Training						
Fellowships						
Other						

SKILLS/EXPERIENCE (Check all that apply)

- | | | | |
|--------------------------------------|---------------------------------------|--|--|
| <input type="checkbox"/> Hospice | <input type="checkbox"/> Oncology | <input type="checkbox"/> Nursing Supervision | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Home Health | <input type="checkbox"/> Neurology | <input type="checkbox"/> Aide Supervision | <input type="checkbox"/> Respiratory Therapy |
| <input type="checkbox"/> Social Work | <input type="checkbox"/> Med/Surg | <input type="checkbox"/> Geriatric | <input type="checkbox"/> Lab/Chemistry |
| <input type="checkbox"/> Clergy | <input type="checkbox"/> Pediatrics | <input type="checkbox"/> Orthopedics | <input type="checkbox"/> EMS |
| <input type="checkbox"/> Volunteer | <input type="checkbox"/> ICU-CCU | <input type="checkbox"/> Surgery/Recovery Room | <input type="checkbox"/> Billing/Collections |
| <input type="checkbox"/> Management | <input type="checkbox"/> I.V. Therapy | <input type="checkbox"/> Radiology | <input type="checkbox"/> Clerical - Medical Office |

LICENSES (Professional Licensure)

License/Certification	State/License No.	Date/Year Issued	Expiration Date	Temp.	Perm.
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

License(s) applied for (state/country)

Have you ever had any action taken against your license? Yes No n/a

If yes, please explain circumstances and outcome.

FOR DRIVING POSITIONS ONLY

Drivers License Number	State of Issue	Date of Issue	Expiration Date

Employees must show proof of vehicle insurance with current liability, collision and comprehensive coverage, including the insured limits.

WORK HISTORY

List all previous employment starting with your most recent position. Account for any times during this period that you were unemployed by stating the nature of your activities. Please indicate if you were employed under a different name.

Are you currently employed? Yes No

1. Most Recent Employer

Name of Company: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: () _____

Other Name(s) Used: _____

Job/Position Title: _____

From (mo/yr): _____ To (mo/yr): _____

Starting Salary: _____ Ending Salary: _____

Supervisor's Name: _____

Employment Status: Full Time Part Time PRN

May we contact this employer for a reference? Yes No

Job Duties and Responsibilities: _____

Reason for Leaving: _____

City: _____ State: _____ Zip: _____

Telephone Number: () _____

Other Name(s) Used: _____

Job/Position Title: _____

From (mo/yr): _____ To (mo/yr): _____

Starting Salary: _____ Ending Salary: _____

Supervisor's Name: _____

Employment Status: Full Time Part Time PRN

May we contact this employer for a reference? Yes No

Job Duties and Responsibilities: _____

Reason for Leaving: _____

3.

Name of Company: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: () _____

Other Name(s) Used: _____

Job/Position Title: _____

From (mo/yr): _____ To (mo/yr): _____

Starting Salary: _____ Ending Salary: _____

Supervisor's Name: _____

Employment Status: Full Time Part Time PRN

May we contact this employer for a reference? Yes No

Job Duties and Responsibilities: _____

Reason for Leaving: _____

MILITARY SERVICE

Were/Are you a member of the U.S. Armed Forces? Yes No

Branch of Service: _____

Period of active duty (mo/yr): _____

Highest rank held: _____

Type of Separation/Discharge: _____

REFERENCES

Please provide three references (DO NOT list relatives or previous employers).

Name	Phone Number	Address	Relationship

ADDITIONAL INFORMATION

Applying for which position? _____

Which job status/schedule would you accept? (Please check all that apply).

- Full Time Part Time PRN Temporary
 Days w/ Weekend Cov. Weekend Coverage Only

Minimum Wage/Salary Desired: _____ per Hour Annually

* When will you be available to begin work? _____

How did you find out about this position? _____

If you were referred by a current employee, enter their name and position. _____

If you have any relatives currently employed by Generations Hospice Service Corporation list their names and positions. _____

Please answer all of the following questions.

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

Yes No Are you legally eligible for employment in the United States?

If yes, and you are not a U.S. Citizen, please provide the number of your Resident Alien or Work Authorization Card.

Form 1-15 [] Form 1-94 [] Class []

Yes No Can you travel if a job requires it?

Yes No Are you currently employed by Generations Hospice Service Corporation or any of its affiliates?

Yes No Have you ever been employed by Generations Hospice Service Corporation or any of its affiliates in any capacity?

Yes No Have you previously filed an application with Generations Hospice Service Corporation or any of its affiliates?

Yes No Do you have any limitations that would affect your ability to perform the essential job functions of the position(s)?

If yes, please explain:

[Empty text box for explanation]

Yes No Will you be willing to take a pre-employment health assessment?

Yes No Will you be willing to take a drug-screening test?

Yes No

Yes No Have you ever been convicted of a crime other than a minor traffic offense (including Military Service)?

If yes, please explain:

(Generations Hospice Service Corporation conducts criminal record checks. Failure to divulge complete information will disqualify you from employment. However, conviction will not necessarily disqualify an applicant from employment).

Yes No Are you charged with an unresolved criminal charge?
(Are you charged with a crime that has not yet resulted in a plea of guilty, court trial, deferred adjudication or dropping of the charge?)
If yes, explain fully.

READ AND SIGN

Applicant Agreement/Certification (Please read carefully before signing) .

I certify that the information provided above is true and complete, to the best of my knowledge. I realize that any misrepresentations in the information so provided (whether intentional or un-intentional) may result in the rejection of my application or, if hired, in my immediate dismissal.

I authorize Generations Hospice Service Corporation (hereinafter the "Company") to check all references from current and previous employers and any person listed as a reference on this application that may be relevant to my employment or my ability to perform the job for which I applied. I authorize the Company to verify any of the information furnished in this application including, but not limited to, criminal history and driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and employment history that may be relevant to the evaluation of this application and I hereby release any such persons, schools, companies and law enforcement authorities from any liability for damages whatsoever for issuing this information to this Company and/or its agents.

I hereby acknowledge and agree that if employed by Company, such employment relationship is at-will; that is, I would be free to resign from the Company whenever I wish, and the Company is not restricted from terminating any employee at any time for any or no reason.

I further understand that my employment with the Company will not be for any specific fixed period or term. At no time shall any oral statement by the management of the Company be construed as giving rise to or creating a contract of employment between the Company and me or any other employee, or to otherwise alter or modify the at-will nature of the employment relationship.

I understand that the Company prohibits the use and possession of controlled substances and/or alcohol on its premises as outlined in the Company's Drug and Alcohol Policy. As required by the Company's Drug and Alcohol Policy, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

The Company is an equal opportunity employer of all qualified persons. The Company does not discriminate on the basis of race, color, national origin, gender, handicap or disability, age, or any other legally protected status or classification in any of its policies, procedures, or practices in compliance with Title VII of the Civil Rights Act of 1964 (pertaining to race, color, and national origin), Section 504 of the Rehabilitation Act of 1973 (pertaining to handicap), and the Age discrimination Act of 1975 (pertaining to age). This non-discriminating policy covers hiring and employment at the Company.

Candidate's/Applicant's Signature

Date Application Completed

Application for Employment.xls - 5/7/2007