



EMPLOYEE APPLICATION

NAME: _____ D.O.B.: _____

ADDRESS: _____ HOME #: _____

CITY: _____ STATE: _____ ZIP: _____ CELL #: _____

HOW LONG HAVE YOU RESIDED AT THIS ADDRESS?: _____ GENDER: _____

HAVE YOU WORKED FOR HARBOR GRACE HOSPICE BEFORE? _____ YES _____ NO

NAMES OF FRIENDS OR RELATIVES WHO PRESENTLY WORK FOR THIS COMPANY: _____

POSITION DESIRED: _____ DATE YOU CAN START: _____

LOCATION DESIRED: _____ HOME CARE _____ INPATIENT UNIT _____ SHIFT: _____

EDUCATION:

HIGH SCHOOL: _____ GRADUATION YEAR: _____

CITY: _____ STATE: _____ ZIP: _____ DEGREE: _____

COLLEGE/UNIVERSITY: _____ GRADUATION YEAR: _____

CITY: _____ STATE: _____ ZIP: _____ DEGREE: _____

POST-GRADUATE SCHOOL: _____ GRADUATION YEAR: _____

CITY: _____ STATE: _____ ZIP: _____ DEGREE: _____

LIST ANY SPECIAL SKILLS/TRAINING: _____

LIST ANY FOREIGN LANGUAGES THAT YOU SPEAK:

- 1) _____ SPEAK SOME _____ SPEAK FLUENTLY _____ READ/WRITE
- 2) _____ SPEAK SOME _____ SPEAK FLUENTLY _____ READ/WRITE
- 3) _____ SPEAK SOME _____ SPEAK FLUENTLY _____ READ/WRITE

EMPLOYMENT:

ARE YOU CURRENTLY EMPLOYED? _____ YES _____ NO

LIST YOUR LAST THREE (3) EMPLOYERS, BEGINNING WITH THE MOST RECENT:

1) COMPANY: _____ SUPERVISOR: _____

POSITION: _____ START DATE: _____ END DATE: _____

ADDRESS: _____ PHONE #: _____

2) COMPANY: _____ SUPERVISOR: _____

POSITION: _____ START DATE: _____ END DATE: _____

ADDRESS: _____ PHONE #: _____

3 COMPANY: _____ SUPERVISOR: _____

POSITION: _____ START DATE: _____ END DATE: _____

ADDRESS: _____ PHONE #: _____

SECURITY:

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR A MISDEMEANOR? _____

IF YES, PLEASE EXPLAIN (this will not necessarily exclude you from consideration): _____

MILITARY:

HAVE YOU EVER SERVED IN THE MILITARY? _____ WHICH BRANCH? _____

RANK: _____ DATE SERVED FROM _____ TO _____

DO YOU HAVE ANY MILITARY COMMITMENTS, INCLUDING NATIONAL GUARD, THAT COULD INFLUENCE YOUR WORK SCHEDULE? _____

ARE YOU A VIETNAM VETERAN? _____ ARE YOU A DISABLED VETERAN? _____
ARE YOU A SPECIAL DISABLED VETERAN? _____

REASONABLE ACCOMODATION: In the event that you believe you will need a reasonable accommodation to assist you in performing your job, please contact your supervisor.

REFERENCES (2 personal, 1 professional):

1) NAME: _____ YEARS AQUAINTED: _____

ADDRESS: _____ RELATIONSHIP: _____

CITY: _____ STATE: _____ ZIP: _____ CELL #: _____

2) NAME: _____ YEARS AQUAINTED: _____

ADDRESS: _____ RELATIONSHIP: _____

CITY: _____ STATE: _____ ZIP: _____ CELL #: _____

3) NAME: _____ YEARS AQUAINTED: _____

ADDRESS: _____ RELATIONSHIP: _____

CITY: _____ STATE: _____ ZIP: _____ CELL #: _____

I, THE UNDERSIGNED, CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT ANY FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMASSAL.

SIGNATURE: _____ DATE: _____

CONFIDENTIAL

Background Check Authorization

Print Name: _____
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address Since: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

DOB: _____

Social Security Number: _____

Telephone Number: _____

Drivers License Number/State: _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize **(Harbor Grace Hospice)** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to **(Harbor Grace Hospice)** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

**** (Harbor Grace Hospice)** and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: _____ Date: _____

Notice to California, Minnesota and Oklahoma Residents:

Please check the box below if you wish to receive a copy of a consumer report that is requested.

I wish to receive a copy of any Background Check Report on me that is requested.