



St. Anthony's Hospice

APPLICATION FOR EMPLOYMENT

It is the policy of St. Anthony's Hospice to comply with all applicable local, state, and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, veteran status, and other categories protected by law. Equal access to programs, services, and employment is available to all persons. Those applicants requiring accommodations to the application and/or interview process should contact a Human Resource representative.

PLEASE PRINT OR TYPE

Position(s) applied for: _____ Date of Application: _____

Referral Source: Advertisement Employee Relative Walk-in Government Employment Agency
 Other: _____ Name of Referral Source (if applicable): _____

Name: _____ Social Security Number: _____
Last First Middle

Address: _____
Street City State Zip

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Email address: _____ May we contact you at work? Yes No

Are you over 18 years of age? Yes No If under 18 years of age, can you furnish a work permit? Yes No

Have you filed an application with St. Anthony's Hospice before? Yes No
If yes, provide date and position: _____

Have you ever been employed with St. Anthony's Hospice? Yes No
If yes, provide employment dates and position: _____

Are you legally eligible for employment in the United States? Yes No Proof of U.S. Citizenship or immigration status will be required upon employment.

Do you have any relatives working for St. Anthony's Hospice? Yes No
If yes, provide names and relationship: _____

State briefly why you would like to work for St. Anthony's Hospice: _____

Do you have any experience with terminally ill and/or bereaved persons? Yes No
If yes, briefly explain: _____

Date available for work: _____ Type of employment desired: Full-time Part-time Temporary
Wage or salary desired: _____ per _____ PRN Educational Co-Op

Will you relocate if job requires? Yes No Will you travel if job requires? Yes No

Have you been informed of the essential functions of the job or have you been shown a copy of the job description listing the essential job functions? Yes No

Are there any hours, shifts or days you cannot or will not work? Yes No
If yes, briefly explain: _____

Have you ever been convicted of a felony? Yes No
If yes, briefly explain: _____

EMPLOYMENT HISTORY

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience.

Explain any gaps in employment in comments section below.

Most Recent Employer:	Address:	Telephone: May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
Starting Date:	Starting Salary:	Position:
Ending Date:	Ending Salary:	Position:
Name and Title of Supervisor:		
Description of Duties:		Reason for Leaving:

Previous Employer:	Address:	Telephone: May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
Starting Date:	Starting Salary:	Position:
Ending Date:	Ending Salary:	Position:
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Comments (including explanation of any gaps in employment): _____

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PROFESSIONAL LICENSURE FOR CLINICAL STAFF

License Number: _____ State: _____ Expiration Date: _____

SKILLS AND QUALIFICATIONS - Summarize any special training, skills, licenses, certificates and/or characteristics of yourself that may qualify you as being able to perform job-related functions for the position which you are applying:

EDUCATIONAL BACKGROUND (if job-related)

Education	School Name & Address	Year Attended	Major	Diploma/Degree
High School				
College/University				
College/University				
Other Education				

REFERENCES

List name, address and telephone number of three business or work references that are *not* previous supervisors. If not applicable, list three school or personal references that are **not related** to you.

Name	Address	Telephone	Years Known
		()	
		()	
		()	

List professional, trade, business, or civic associations and offices held that are applicable to this position. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

Organization	Offices Held

List special accomplishments, publications, awards (exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.) _____

List any additional information you would like us to consider. _____

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List any additional information you would like us to consider. _____

PLEASE READ AND SIGN BELOW. IF THERE IS ANY PART OF THIS STATEMENT YOU DO NOT UNDERSTAND, PLEASE ASK A HUMAN RESOURCE REPRESENTATIVE ABOUT IT BEFORE SIGNING THIS STATEMENT.

I certify that I have not knowingly withheld any information that might affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. It is understood and agreed upon that any misrepresentation by me on this application, or any documents used to secure employment, will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed regardless of the time elapsed before discovery.

I authorize St. Anthony's Hospice to thoroughly investigate my references, work records, education, driving records, criminal records and other matters related to my suitability for employment and, further, authorize my current and former employers to disclose to St. Anthony's Hospice any and all letters, reports and other information pertaining to my employment with them, without giving me prior notice or such disclosure. In addition, I hereby release St. Anthony's Hospice, my current and former employers, and all other persons, corporations, partnerships, associations, government agencies, and law enforcement agencies from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

I understand that nothing contained in the application or conveyed to me during my interview, which may be granted, is intended to create an employment contract, implied or explicit, between St. Anthony's Hospice and me. In addition, I understand and agree that if I am employed; my employment relationship with St. Anthony's Hospice is strictly voluntary and at our mutual will. I understand that if employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, with or without cause or reason, at the option of either St. Anthony's Hospice or myself. I understand and agree that any future changes in my title, duties, compensation, working conditions, and/or benefits, policies and procedures will not alter our at-will agreement.

I understand that if offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States on my first day of employment. I also agree to take and understand that an offer of employment is conditional on the satisfactory outcome of a post-offer medical examination and the satisfactory outcome of a criminal records check.

If the position applied for requires driving in the course of work, I understand that I will be required to possess a current and valid driver's license or submit proof of other means of transportation. I understand that I will be required to provide proof of insurance with state minimum in liability coverage, if offered employment. I understand St. Anthony's Hospice is a drug-free workplace, and my employment is contingent upon submitting to and obtaining a negative result on a post-offer drug screen.

St. Anthony's Hospice is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law. I understand it is St. Anthony's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.

This application is current for six months. At the conclusion of this time, if I have not heard from St. Anthony's Hospice and still wish to be considered for employment, it will be necessary to fill out a new application.

Applicant's
Signature: _____

Date: _____

Revised 9/21/09