



Hospice and Community Services

Licensed by the State of Florida in 1984

EMPLOYMENT APPLICATION

Application Process

How to Apply: Please complete this application in its entirety. A resume may be attached as a supplement, but not as a substitute. Your application will be forwarded to the Human Resources Department for processing. Please review the minimum qualifications listed on the job posting (available on the website, www.hopehospice.org/Careers) to ensure that you qualify for the position.

How You Are Contacted for an Interview: Due to the large volume of applications received for each opening, we regret that we are unable to grant each applicant a personal interview. You will be contacted within three weeks of receipt if selected to move forward in our selection process.

Verification of Employment Eligibility – The I-9 Process: The Federal government requires that US employers verify the identity of employment eligibility of all prospective employees. If offered employment, you must submit the documents demonstrating ID and employment authorization. APPROPRIATE DOCUMENTATION IS A CONDITION OF EMPLOYMENT.

Social Security Cards: The IRS requires that individuals be hired under the name listed on their social security card. Due to this regulation, you will be asked to show your original social security card to the Human Resources Department so they may verify that your legal name and social security number match those listed on the application.

Positions Requiring Licensure: Candidates must present original licenses (no photo copies) for verification prior to work. RN, LPN, CHHA, CNA licenses/certifications are subject to verification through the state board. Social Workers must provide a copy of MSW diploma and Physicians must present their current Florida medical license for their personnel record.

Background Check/Drug Screening: Our Company implements a background check and drug screening prior to extending any offer of employment. In accordance with the Fair Credit Reporting Act a release form (for those positions applicable), is attached to the application and must be completed in full and signed in order to have your application be considered for employment:

Health Assessment: All conditional offers of employment are contingent upon completion of a Medical Questionnaire. Should a health assessment (through your physician) be requested to ensure that known health issues will not put you at risk in a specific position, it will be confidential and maintained in a separate medical file. The completion of a health assessment may be a requirement of employment and would be requested before starting work with Hope.



HOPE HOSPICE AND COMMUNITY SERVICES

APPLICATION FOR EMPLOYMENT

Hope Hospice and Community Services is an equal opportunity employer and in compliance with federal and state laws offers job opportunities and advancement to qualified individuals without regard to race, color, religion, national origin, sex, age, marital status, veteran status, and physical or mental disability. If you need assistance in completing this application, please notify Human Resources.

This application is effective for 90 days from the date of this application. If you are still available for employment after that time, you must reapply. Failure to fully complete this application may result in non-consideration.

Personal Data - Please print or type.						DATE OF APPLICATION:		
Last Name		First		Middle		Social Security Number		
Present Address	Street			City	State	Zip Code	No. of Years	
Contact Phone Numbers:	Home Telephone (area code)		Cell Phone (area code)		Business Telephone (area code)		Email Address	
	()		()		()			
Previous Address	Street			City	State	Zip Code	No. of Years	
Do you have any relatives presently working for this company?						<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, Name:					Relationship			
Are you under 18? <input type="checkbox"/> Yes <input type="checkbox"/> No					Preferred Name (Nickname):			

Your Job Requirements						
Specific Position Desired:			<input type="checkbox"/> Home Visits		<input type="checkbox"/> Inpatient Hospice House	Job #:
How were you referred to Hope? <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Hope Website <input type="checkbox"/> CareerBuilders <input type="checkbox"/> Walk-in <input type="checkbox"/> Friend/Employee Name:						
Check schedule desired: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> PRN <input type="checkbox"/> Evenings/Weekends <input type="checkbox"/> Seasonal (Months) _____						
Specify Days available for work:		Hours:		Salary desired: \$		per
The conditions to the right may be required in your job assignment. If required, would you be willing to work:		Evenings?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If a conditional offer were made, when would you be available to begin work?		DATE:
		Overtime?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
		Rotational work schedule?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
		Weekends?	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Education and Training		
Name and location of schools	Degree (B.A., B.S., M.A., etc.)	Course or College Major
High School:		
College:		

General

Have you ever been convicted of a crime, had adjudication of a crime withheld, or plead no contest to a crime? Yes No

If yes, please obtain the Hope of Southwest Florida, Inc. Addendum to Application – Conviction Record from HR to complete.

Have you ever been a defendant in a civil action for intentional tort? (Have you been sued because you assaulted or injured or defamed somebody or hurt them in some other way?) Yes No If yes, please state the facts alleged in the lawsuit:

What was the outcome of the lawsuit?

Have you ever caused injury or harm to another person on any occasion other than those described above? Yes No

If yes, please explain.

Answering “yes” to these questions will not necessarily disqualify you from the position desired. Each action and explanation will be weighed and considered in relationship to the position for which you are applying.

Have you applied for employment with Hope within the last six months? Yes No

Have you been previously employed by Hope? Yes No

If yes, when? (List dates)

List any other names you have used or currently use, including maiden name, nicknames, or other names.

May we contact your present employer? Yes No

If no, state reason:

Have you ever been dismissed or forced to resign from any employment? Yes No

If yes, please explain:

Did you receive any discipline in the last 12 months of active employment? Yes No

If yes, please explain:

Do you have a reliable form of transportation for business travel? Yes No

Skills/Licensures/Certifications/Awards

Please list any special skills, licensures, certifications, or awards.

Employment Record

Please list your job history and military experience **for the past ten years**. Start with your present status and note any periods in which you were not employed. If you resigned, indicate below why; if you were terminated, indicate what reasons you were given by your employer.

Complete ALL sections. A resume may NOT be attached as a substitute for this section, but may be included with the application.

NAME WHEN EMPLOYED (used for records verification)				DATES: (MO./YR.)	FROM	TO	SALARY				
NAME OF FIRM		TYPE OF BUSINESS		BRIEFLY DESCRIBE YOUR DUTIES		NO. HOURS/WK	<input type="checkbox"/> F/T <input type="checkbox"/> P/T				
ADDRESS (STREET)	(CITY)	(STATE)	(ZIP)								
POSITION		TELEPHONE									
NAME OF SUPERVISOR/TITLE											
REASON FOR LEAVING											
NAME WHEN EMPLOYED (used for records verification)								DATES: (MO./YR.)	FROM	TO	SALARY
NAME OF FIRM		TYPE OF BUSINESS						BRIEFLY DESCRIBE YOUR DUTIES		NO. HOURS/WK	<input type="checkbox"/> F/T <input type="checkbox"/> P/T
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POSITION		TELEPHONE					
NAME OF SUPERVISOR/TITLE							
REASON FOR LEAVING							

Driving Record

Do you have a valid Florida driver's license? Yes No Driver's License No.: _____

Have you had any tickets? Yes No If yes, please explain: _____

Has your driver's license ever been suspended or revoked? Yes No
If yes, please explain (including dates): _____

Do you have any DUI or DWI arrests or convictions? Yes No
If yes, please explain (including dates): _____

EXPLAIN ALL UNEMPLOYMENT INTERVALS OF ONE MONTH OR MORE:

FROM	TO	REASON

Employment Conditions

Please read the following statements carefully; they constitute the conditions under which, you might be employed by Hope Hospice and Community Services, Inc. (Hope).

Hope advises you that as your employment application is being processed an investigative report may be ordered; including information as to your character, general reputation, and personal characteristics. Upon your written request within a reasonable time from the date of this application, additional information as to the nature and scope of the report will be provided. The purpose is, among other things, to verify the completeness and accuracy of the employment application.

I further understand that, as a condition of employment, I will be required to supply documentation adequate to satisfy the requirements of the Immigration Reform and Control Act of 1986.

I further understand that, if employed, my employment shall be for an indefinite period and it may be terminated by me or by Hope at any time for any reason without notice. Nothing shall alter this at-will relationship unless in writing and signed by the authorized representative of Hope.

Applicants accepted for employment should clearly understand that while we make every effort to provide steady, continuous work, we have no employment contracts, and we cannot guarantee the permanence of positions. I understand that if hired, my employment with Hope is for no specific term and may be terminated by me or Hope with or without notice or cause at any time. I further understand that no oral promise, Hope policy, custom, business practice or other procedure (including Hope Employee Handbook or any personnel manuals) constitutes an employment contract or modification of the at-will employment relationship between me and Hope.

The contents of any employee handbook or personnel manuals, as well as other Hope policies and practices, are subject to change or modifications by Hope, solely at its

discretion, without notice.

We conduct our business with the highest possible degree of safety and efficiency. Because of this, Hope may require applicants for employment to undergo blood and/or urinalysis screening for drug or alcohol use as part of our pre-placement screening process. In addition, all employees of Hope are subject to blood tests or urinalysis screening for drug or alcohol use during course of employment. By signing this application, I agree to the foregoing and further agree to hold Hope harmless from any claims resulting from such screening and testing for drug and/or alcohol use.

The information that I have provided on this application is accurate to the best of my knowledge and subject to validation by Hope. I understand and agree that any misrepresentation or omission of a fact in my application may be justification for refusal of employment or if employed, termination from Hope.

I authorize the persons, schools, current employer (if approved by me in the application) and other organizations or employers named in this application to provide Hope with all information that may be required to arrive at an employment decision. I hereby release and indemnify this employer, each of my prior employers, my references, and any other sources of information, and agree to hold them harmless from any claims arising from this authorization.

Hope complies with the Americans With Disabilities Act of 1990. During the interview process, I may be asked questions concerning my ability to perform job-related functions. If I am given a conditional offer of employment, I may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination and all information will be kept confidential and in separate files.

Signature of Applicant

Date

