



Application for Employment

Hospice Alliance, Inc. is an EQUAL OPPORTUNITY EMPLOYER. No question is asked for the purpose of excluding any applicant due to race, creed, color, national origin, age, sex, handicap, disability, veteran status, marital status, sexual orientation, genetic information, pregnancy or any other characteristic protected by law.

Name

Date of Application

Home Address

Telephone Number

E-mail Address

Position Applied for

Salary Requirements

What source led you to apply with Hospice Alliance?

EMPLOYMENT HISTORY

Company

City, State

Supervisor

Telephone Number

Start Date

End Date

Reason
for
Leaving

Voluntary
Involuntary

Job Duties

Ending Salary

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EMPLOYMENT HISTORY CONTINUED

Company

City, State

Supervisor

Telephone Number

Start Date

End Date

Reason
for
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Voluntary
Involuntary

Job Duties

Ending Salary

Company

City, State

Supervisor

Telephone Number

Start Date

End Date

Reason
for
Leaving

Voluntary
Involuntary

Job Duties

Ending Salary

Please include all other previous jobs in your resume.

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EDUCATION

School Name

Type of School

Number of Years
Completed

Certification/Degree/Diploma

School Name

Type of School

Number of Years
Completed

Certification/Degree/Diploma

School Name

Type of School

Number of Years
Completed

Certification/Degree/Diploma

Do you have a current nursing license in the state of Wisconsin?

Yes

No

Inclusion Date

Nursing License Number

Do you have a current CNA certification in the state of Wisconsin?

Yes

No

Inclusion Date

CNA Registry Number

Do you have any other licenses or certifications?

Please list

Yes

No

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Please complete this section if you are applying for a position that requires the use of your personal vehicle.
Note: CNA's, RN's and any position involving patient care will require the use of a personal vehicle.

Do you have a valid driver's license? Driver License Number Driver License State

Yes

No

Do you carry valid auto insurance Insurance Expiration Date

Yes

No

Personal Information

Any previous names or nicknames that you have used?

Did you serve in the U.S. Armed Forces?

What skills did you acquire?

Are you legally authorized to work in the U.S.?

(You will be required to furnish documents to verify your eligibility for employment in accordance with the Immigration Reform and Control Act and your employment is contingent upon furnishing such documents.)

Yes

No

Name and phone number of someone we can contact in case of an emergency

Are you at least 18 years of age?

Have you ever been convicted of a crime?

If yes, give details (A conviction does not automatically bar you from employment.)

Yes

No

Yes

No

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If you are familiar with office equipment or modern communication technology, please list (example: smart phones, fax machines, laptop computers)

Do you have any other skills you wish to mention?

Are you currently employed?

Company Name

Yes

No

May we contact your current employer?

If hired, when would you be available?

Yes

No

Reference 1 (please include name, occupation and phone number)

Reference 2 (please include name, occupation and phone number)

Reference 3 (please include name, occupation and phone number)

I certify that answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind. I agree that the company shall not be held liable in any respect if my employment is terminated because of false statements, answers, or omissions made in this application. I understand that any misleading or incorrect statements may render this application void, and if employed, may be cause for termination. I understand that a medical examination based on the requirements of the position for which I am being considered may be required, and drug testing may be included as part of the regular pre-employment physical. I also authorize the companies, schools, or persons named above to give any information requested regarding my employment, character, and qualifications. I hereby release companies, schools, or persons from all liability for any damage for issuing this information. In consideration of my employment, I agree to conform to the rules and regulations of this organization. My employment and compensation can be terminated without cause, and with or without notice, at any time, at the option of either the employer or myself.

E-Signature:

Date

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HOSPICE ALLIANCE, INC.

CONSENT, RELEASE OF INFORMATION, AND ACKNOWLEDGMENT OF DRUG SCREENING AS A CONDITION OF EMPLOYMENT

o As a condition of employment at Hospice Alliance, Inc. one must submit to a urinalysis (drug screen). (Refusal to submit to the urinalysis screen or failure to qualify with passing results set by Kenosha Occupational Medicine will disqualify you for employment. A diluted test result is considered failure to qualify with passing results).

o As further understanding, upon commencement of employment with the company, you may again be required to submit to a urinalysis screen.(Refusal to submit to the urinalysis screen or failure to qualify with passing results set by Kenosha Occupational Medicine will result in immediate suspension or discharge of employment. A diluted test result is considered failure to qualify with passing results.)

This information is contained in more detail in our Alcohol and Controlled Substance Abuse Policy, which you will receive in the event that you are hired. A copy is also available for your examination as an applicant.

I hereby authorize Hospice Alliance, Inc to perform a urinalysis or other test to determine the use of alcohol or drugs on a specimen provided by me. I recognize that the management of Hospice Alliance, Inc will utilize the report on the results of an analysis of such specimen to determine qualification of employment.

I have read in full and understand the above statements and conditions of employment.

E-Signature:

Date

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HOSPICE ALLIANCE, INC. AUTHORIZATION AND RELEASE

All information provided by me in support of my application for employment is true and correct to the best of my knowledge. I understand that misrepresentations or omissions may be cause for subsequent dismissal if I am hired.

I voluntarily and knowingly authorize any former employer, person, firm, corporation, school or government agency, its officers, employees, and agents to release any and all information regarding concerning my former employment to any prospective employer, its officers, employees and agents, or any other person or entity making a written or oral request for such information. I understand that the employment information may include, but is not necessarily limited to performance evaluations and reports, job descriptions, disciplinary reports, letters of reprimand, and opinions regarding my suitability for employment possessed by it.

I voluntarily and knowingly, fully release and discharge, absolve, indemnify, and hold harmless such former employer, person, firm, corporation, school or government agency, its officers, employees and agents from any and all claims, liability, demands, causes of action, damages, or costs, including attorney's fees, present or future, whether known or unknown, anticipated or unanticipated, arising from or incident to the disclosure of release except for the malicious and willful disclosure of derogatory facts concerning my employment made for the express purpose of preventing me from obtaining employment which the officer, employee or agent disclosing such facts knows are untrue.

E-Signature:

Date