



Cardinal

Hospice

EQUAL OPPORTUNITY/AFFIRMATIVE ACTION/DRUG-FREE WORKPLACE EMPLOYER

APPLICATION

PLEASE READ THIS INFORMATION CAREFULLY BEFORE COMPLETING YOUR APPLICATION

- The department hiring for each position will select applications for an interview.
- If you are disabled and need reasonable accommodation to complete the application process, you are requested to inform us so that we can address your needs.
- This application must be completed in full and contain original signatures. All questions should be answered to include all employer requested information. Resumes may be submitted as supplements, but CANNOT be accepted in lieu of a completed application.
- Your application will not be considered unless complete answers are provided to all questions on the application and all requested documentation is attached.

(Please WRITE all answers CLEAR and LEGIBLE for immediate processing)

Indicate the exact position(s) for which you are applying:

Position _____

Date of Application: _____

How did you learn of this vacancy? _____

_____	_____	_____
FIRST NAME	LAST NAME	Middle Initial

Present Street Address City _____

_____	_____	_____
State/Country:	Zip	Home Phone No.:

Best time to call: _____ am [] pm [] Work Phone: _____

Email Address: _____

Cell Phone #: _____

List all places where you have lived during the past 10 years:

Address	City	State	Zip	From (mo/yr)	To (mo/yr)

EMPLOYMENT RECORD

Please complete starting with present or most recent employer. Include summer employment and military experience; indicate honorable or dishonorable discharge. For any unemployed or self-employed periods, show dates and locations. Provide all information requested on application. Resumes CANNOT be used in place of completing this section. All of employer related information requested must be furnished for the last TEN (10) years including gaps in employment. If you need additional space, please use an Employment Record Supplemental form.

Present Employer (if currently employed)	Job Title:
Address:	Reason for Leaving:
City / State: Phone:	From: To:
Supervisors name:	Number of employees you supervised:
Duties:	Salary:

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Previous Employer:	Job Title:
Address:	Reason for Leaving:
City / State: Phone:	From: To:
Supervisors name:	Number of employees you supervised:
Duties:	Salary:

Previous Employer:	Job Title:
Address:	Reason for Leaving:
City / State: Phone:	From: To:
Supervisors name:	Number of employees you supervised:
Duties:	Salary:

Previous Employer:	Job Title:
Address:	Reason for Leaving:
City / State: Phone:	From: To:
Supervisors name:	Number of employees you supervised:
Duties:	Salary:

*Do you have objection to your past or present employer(s) being contacted? Yes No

If yes, indicated which employer(s) and why:

EDUCATION AND TRAINING

	Yes	No	Name and Address Last High School Attended
G.E.D. Certificate			
High School Diploma			Highest Grade Completed:

College Attended	No. of Years	Major	Type of Degree Recieved

Vocational/Training, Trade Business, Armed Forces

School (s) attended	Length of Program	Program	Type of Certificate Received

Indicate any licenses, such as Emergency Medical Technician, Registered Nurse, Licensed Practical Nurse, State Certified Nursing Assistant, Therapist, etc. indicating licensing authority, where the license was first issued, and the date the license expires:

List any additional qualifications, skills, abilities, or education:

Clerical Skills: Typing : _____ wpm: _____ Shorthand : _____ wpm: _____

List equipment that you are experienced in operating, i.e., computers, switchboard, etc.

LEGAL INFORMATION

1. Have you ever been convicted of a crime, entered a plea of nolo contendere (no contest) to a crime, had a adjudication, withheld or received a suspended sentence (regardless of the ultimate adjudication) for a crime? Yes [] No []

Please state particulars:

Charge: _____

Date: _____ Disposition: _____

Sentence: _____

2. Are you now on probation? Yes [] No []

Probationary period: From: _____ to _____

3. Have you ever been convicted of domestic violence, or injury to any person of damage to any property, i.e., for assault, battery, etc.? Yes [] No []

if yes, date(s): _____. Please explain in the nature of the claims in the lawsuit(s)

and disposition(s).

4. Has any board, bureau, department, agency or other public body, in any way limited, restricted, suspended, or revoked any professional license or certificate granted to you; place you on probation; imposed a fine; censure or reprimand against you? Yes [] No []

Note: A "yes" answer to questions 1 through 3 will not necessarily disqualify you from employment. The nature, severity, and date of the offense(s) or incident will be considered in relation to the position for which you are applying.

STATEMENT OF UNDERSTANDING AND RELEASE OF INFORMATION

1. This employer is an EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER and maintains a drug-free workplace. We do not discriminate on the basis of race, color, religion, sex, national origin, age, sexual orientation, disability, marital status, citizenship or veteran status.

2. Your application will not be considered unless complete answers are provided to all questions on this application. Resumes may be submitted as supplements, but cannot be accepted in lieu of this application.

3. A material omission in, or falsification of, this application, your resume, or any other information provided by you at any time may be grounds for not employing you or dismissal after you begin work.

4. Nothing in this application or in the policies, rules, or regulations is intended to create a contractual relationship between the Company and any employee. The Company reserves the right to change its policies at any time. You will be required to adhere to all policies.

5. Federal law (Immigration Reform and Control Act of 1986) prohibits the employment of authorized aliens. All persons hired must submit satisfactory proof of employment eligibility and identity. Any offer of employment is contingent on your submission of satisfactory proof of your identity and your legal authorization to work in the United States. If you fail to submit this proof, federal law prohibits us from hiring you. In the event you have begun to work and are unable to submit this required information in a timely manner, your employment will be terminated.

6. Offers of employment are contingent upon successful completion of a medical questionnaire and/or a physical examination to determine your ability to meet the state and/or federal employment requirements and to perform the essential functions of the job you are seeking.

7. I CONSENT freely and voluntarily to any request for specimens for the purpose of drug testing and the release of the results of the specimen analysis. I agree to voluntarily participate in any pre-employment, reasonable suspicion, and post-accident testing program. I understand that in the event I refuse to be tested, refuse to execute Consent or test positive, I will be disqualified from further employment consideration or terminated.

8. To assist the Company in assessing my qualifications for the position for which I am applying, I hereby authorize the search regarding my present and previous employment, licenses, certifications, educational records, references, and any other information provided (except where otherwise indicated). I hereby release the Company and any person who provides such information from any liability or damage, which may result from furnishing requested information.

9. I hereby understand that I am notified that State Statutes require any individual employed or seeking employment in a hospice meet the requirements set forth regarding criminal history compliance and good moral character and hold the Company harmless for its interpretation of eligibility for employment based on or criminal history.

10. I hereby to consent to and authorize the information requested within this form and agree to hold harmless the company and any persons from any liability in furnishing this reference of employment

Application Signature

Date

THIS STATEMENT MUST BE SIGNED AND DATED TO BE CONSIDERED FOR EMPLOYMENT