

HOPE HOSPICE AND PALLIATIVE CARE, INC.

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

(PLEASE PRINT)

Position(s) Applied For

Last Name		First Name		Middle Initial	
Address (present) Number	Street	City		State	Zip Code
Telephone Number(s) Home () - Business () -				Social Security Number - -	

Best time to contact you at home is: _____ : _____ AM PM

If you are under 18 years of age, can you provide proof of your eligibility to work? _____ Yes _____ No

Have you ever been employed with us before? If yes, give date _____ Yes _____ No

May we contact your present employer? _____ Yes _____ No

Are you prevented from lawfully becoming employed in this country because of Visa or immigration status? _____ Yes _____ No

Proof of citizenship or immigration status will be require upon employment.

Date available to work _____ / _____ / _____

Are you available to work: _____ Mornings _____ Afternoon _____ Evenings _____ Nights

_____ Weekends _____ Holidays _____ Per Diem _____ On-Call

Hours per week you are willing to work: _____ Do you have your own transportation? _____

Have you ever been excluded or been determined ineligible for participation in Medicare or Medical Assistance?

_____ Yes _____ No If yes, please explain: _____

Have you ever been convicted of any criminal activity? _____ Yes _____ No If yes, please explain: _____

Prior to employment and every four years thereafter, employees must complete a State of Wisconsin Department of Health and Family Services Background check, under the provisions of section 48.685 and 50.065 of the Wisconsin statutes. Failure to comply will result in termination of employment.

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities.

Employer	Dates Employed		Specifically describe duties. Include equipment operated and supervisory responsibilities, if any.
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Starting/Present Job Title			
Supervisor (Name & Title)			
Reason for Leaving		May we contact? _____ Yes _____ No	

Employer	Dates Employed		Specifically describe duties. Include equipment operated and supervisory responsibilities, if any.
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Starting/Present Job Title			
Supervisor (Name & Title)			
Reason for Leaving		May we contact? _____ Yes _____ No	

Employer	Dates Employed		Specifically describe duties. Include equipment operated and supervisory responsibilities, if any.
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	Starting	Final	
Starting/Present Job Title			
Supervisor (Name & Title)			
Reason for Leaving		May we contact? _____ Yes _____ No	

Employer	Dates Employed		Specifically describe duties. Include equipment operated and supervisory responsibilities, if any.
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Starting/Present Job Title			
Supervisor (Name & Title)			
Reason for Leaving		May we contact? _____ Yes _____ No	

EDUCATION

School Name	Complete Address	Major	Minor	Years Completed	Type Diploma / Degree
High School					
Undergraduate College					
Graduate/Professional					
Other (Specify)					

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Registration / Certification / License

Type: _____	Number: _____	State: _____	Expiration: _____
Type: _____	Number: _____	State: _____	Expiration: _____

ADDITIONAL INFORMATION

Other Qualifications <i>Summarize special job-related skills and qualifications acquired from employment or other experience.</i>

PERSONAL/PROFESSIONAL REFERENCES *Do not include family members or past supervisors.*

Name	Phone Number	Occupation
1.		
2.		
3.		

Why do you want to work with Hospice? _____

APPLICANT'S STATEMENT

I certify that the information contained in this application is true and complete. I understand that any falsification or omissions of information will be sufficient grounds for denial of employment, and if hired, for termination. I understand that employment is conditioned upon verification of the information contained herein.

I authorize the listed employers, schools, and personal references, as well as any other persons; schools; companies; credit bureaus; state licensing; law enforcement and other government agencies; to give Hope Hospice and Palliative Care, Inc. (without further notice to me) any and all information about my previous employment and education, along with any other pertinent information they may have, personal or otherwise. I release all parties from all liability, and agree not to file any claim, lawsuit of any other cause of action of any kind against any person or entity arising out of the furnishing or use of such information.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Hope Hospice and Palliative Care, Inc. is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct.

In consideration of my employment by Hope Hospice and Palliative Care, Inc. I agree to learn and conform to Hope Hospice and Palliative Care, Inc. rules and policies. I further agree that I have the right to terminate my employment without notice at any time for any reason, and that Hope Hospice and Palliative Care, Inc. also retains this right.

Signature of Applicant

Date

NONDISCRIMINATION

It is the policy of Hope Hospice and Palliative Care, Inc., to consider all applicants for employment without regard to age, race, religion, creed, color, handicap (disability), marital status, sex, national origin, ancestry, sexual orientation, military status or any other legally protected status. No questions on this application are intended to secure information to be used for such discrimination.

**Hope Hospice and Palliative Care, Inc.
537 W Broadway Ave.
Medford, WI 54451-1610
(715) 748-3434**