

Yolo Hospice Employment Application

(PLEASE PRINT or TYPE)

APPLICANT INFORMATION

Last Name	First Name	Middle Name	
Address	City	State	Zip
Home Phone:	Pager/Cell:		
E-mail address:			

POSITION DESIRED

First Choice:	Second Choice:		
Are you interested in applying for:			
Full-time <input type="checkbox"/>	Part-time <input type="checkbox"/>	On-call/PRN <input type="checkbox"/>	Temporary <input type="checkbox"/>

PERSONAL INFORMATION

How did you hear about this opening? Newspaper <input type="checkbox"/> Friend <input type="checkbox"/> Employee <input type="checkbox"/> Other <input type="checkbox"/>
Do you have any family members who are currently working for Yolo Hospice? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, who?
If hired, can you furnish proof that will verify your employment eligibility in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>
If hired, can you perform the essential functions of the job with or without reasonable accommodation? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, state nature of the crime(s), when and where convicted and disposition of the case.
(Conviction will not necessarily disqualify an applicant from employment.)

LICENSES

Health professional license #	Drivers License #
Do you have all licenses and professional certifications listed in the job advertisement or job description that are necessary to perform the job for which you are applying? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If no, please explain:	
In which state(s) are you licensed?	

EDUCATIONAL BACKGROUND

	High School				College or University				Graduate/Professional			
	9	10	11	12	1	2	3	4	1	2	3	4
Years Completed												
Describe course of study and/or degree earned:												

SPECIAL SKILLS AND QUALIFICATIONS

Please describe any special job-related skills, qualifications, training, honors, professional trade, business or civic activities and/or offices held:
(You may exclude memberships which would reveal sex, sexual orientation, race, religion, national origin, age, ancestry, disability or other protected status.)

PERSONAL REFERENCES

Please list below three personal references who are <u>not</u> related to you and who are familiar with your job performance.		
Name	Address	Phone Number

EMPLOYMENT EXPERIENCE

If currently employed, may we contact your employer for a reference?

Yes

No

Start with your present or last job. (Do not go back more than ten years.) If you need additional space, please continue on a separate sheet of paper.				
Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor	Begin	End	
Reason for Leaving				
Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor	Begin	End	
Reason for Leaving				
Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor	Begin	End	
Reason for Leaving				
Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor	Begin	End	
Reason for Leaving				

Yolo Hospice is an equal opportunity employer and complies with applicable laws against discrimination because of race, color, age, religion, national origin, sex, sexual orientation, disability (which does not prevent performance of the essential functions involved) or veteran status. Yolo Hospice has adopted a no-smoking policy which requires that all employees refrain from smoking or using tobacco products during working time and/or while on the premises except in the designated outdoor smoking areas. Yolo Hospice is a Drug Free Workplace.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be deemed necessary in arriving at an employment decision. I authorize Yolo Hospice to communicate with current/previous employers. Therefore, I consent to and authorize Yolo Hospice to obtain reference information pertaining to my prior work experience(s). I also authorize all persons and institutions mentioned on my employment application to give information about me to Yolo Hospice relative to my possible future employment. I do hereby release all current/previous employers, schools attended, and Yolo Hospice from all liability in regard to the final outcome(s) due to the transmission of reference information.

I authorize Yolo Hospice and/or its agents to investigate and obtain information from law enforcement and other government agencies, military authorities and private companies concerning my conduct including driving record, criminal violations, credit reporting agencies (concerning my credit history) and financial institutions. Under the Federal Fair Credit Reporting Act, I understand that I will be advised and given the name of the reporting agency for more information.

This application for employment shall be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

In the event of my employment, I understand that later discovery by Yolo Hospice of false or misleading information given on my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Yolo Hospice.

I understand and agree that all employment with Yolo Hospice is "at will," meaning that if I am hired, either Yolo Hospice or I may terminate my employment at any time with or without cause or notice.

Signature of Applicant

Date