



Golden Rule Hospice

## Application for Employment

Applicants receive consideration for employment without regards to race, national origin, creed or religion, sex, martial status, age or disability.

Job applications will be considered active for the time period of two months. If you wish to be considered for employment after two months, you must reapply. Please read and complete all sections carefully before signing. False statements on this application shall be considered sufficient cause for rejection during the hiring process or termination.

**Please Print**

### **GENERAL INFORMATION**

Name: _____			Date: _____	
_____	_____	_____		
Last	First	Middle		
Date of Birth: mm/dd/yyyy: _____				
_____				
_____	_____	_____	_____	
Telephone	Message Phone	Cell Phone	Social Security Number	
Present Address: _____				
_____	_____	_____	_____	_____
Street		City	State	Zip
Previous Address: _____				
_____	_____	_____	_____	_____
Street		City	State	Zip
Number of Years at Present Address: _____		How Long at Previous Address: _____		
Have you ever been convicted of any felony, or any offense involving drugs/narcotics, theft or inflicting bodily injury? ____ Yes ____ No				
If yes, full explain: _____				
_____				
Have you ever been excluded from participating in federally funded programs? ____ Yes ____ No				
Are you currently the focus of an investigation, which could result in exclusion from federally funded programs? ____ Yes ____ No				
If yes to either of the above questions, explain fully: _____				
_____				
If your former employment, education, or military service is under a name other than indicated above please list: _____				
If under 18, do you have a work permit? ____ Yes ____ No Do you have legal right to work in the U.S.? ____ Yes ____ No				
If not a U.S. citizen, Alien Reg. No. _____ Have you ever been bonded? ____ Yes ____ No				

If yes, where? \_\_\_\_\_

How were you referred to us? \_\_\_\_\_

List any friends or relatives working here:

\_\_\_\_\_

Have you ever worked for this facility before? \_\_\_ Yes \_\_\_ No If yes, when? \_\_\_\_\_

Position Held: \_\_\_\_\_ Reason for Leaving? \_\_\_\_\_

Do you have any commitments to another employer, which might affect your employment with us? \_\_\_ Yes \_\_\_ No

If yes, explain fully: \_\_\_\_\_

## WORK DESIRED

Position desired: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ Date you can start \_\_\_\_\_

Shift Preference 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ Can you rotate shifts? \_\_\_ Yes \_\_\_ No Expected Pay Rate: \_\_\_\_\_

Full-Time \_\_\_\_\_ Part Time (\_\_\_\_\_ hrs/wk) \_\_\_\_\_ Temporary: From: \_\_\_\_\_ to: \_\_\_\_\_

*Due to working with Nursing Homes, Assisted Living, Hospice and private patients and their scheduling, the positions will require flexibility on hours worked. Please consider carefully all of your personal time commitments before responding to the above.*

## WORK HISTORY

List your present or most recent employer first. Include military service if among last four jobs. Give dates of unemployment if applicable. You may list Volunteer experience if you do not have paid work experience. (Please list a "V" in the Salary column)

1

Employer	Address	Telephone
Dates of employment From _____ To _____	Job Title	Supervisors Name / Job Title
Final Salary	Reason for Leaving	
Unemployed From _____ To _____	Reason for Unemployment	

2

Employer	Address	Telephone
Dates of employment From _____ To _____	Job Title	Supervisors Name / Job Title
Final Salary	Reason for Leaving	
Unemployed From _____ To _____	Reason for Unemployment	

3

Employer	Address	Telephone
Dates of employment From _____ To _____	Job Title	Supervisors Name / Job Title
Final Salary	Reason for Leaving	
Unemployed From _____ To _____	Reason for Unemployment	

4

Employer	Address	Telephone
Dates of employment	Job Title	Supervisors Name / Job Title

From	To	
Final Salary		Reason for Leaving
Unemployed		Reason for Unemployment
From	To	

\_\_\_\_\_ All references may be checked, including my present employer.

\_\_\_\_\_ All but the following \_\_\_\_\_

## EDUCATION

School	Name and Address of School	Course of Study	Circle Last Year Completed	Did You Graduate	Last Diploma or Degree
High School			1 2 3 4		
College			1 2 3 4		
Other (Specify)			1 2 3 4		

## LICENSURE

Complete the following section if the position for which you are applying for requires a license, certification or registration of any kind. List any additional licenses that you may possess as well.

Type of License/Registration	State	Number	Expiration Date

If you do not have required license, have you applied? \_\_\_ Yes \_\_\_ No If an exam is required, give scheduled date: \_\_\_\_\_

If not licensed in this state, have you applied for reciprocity? \_\_\_ Yes \_\_\_ No

Please give us any additional information you feel would be useful to us ( include honors received, volunteer or community services, special qualifications, memberships in professional organizations or other information you feel is related to your application for the position for which you are applying.

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Please Read Carefully

I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this information is grounds for refusal to hire, or if hired, dismissal.

Except as noted otherwise above, I authorize any of the persons or organizations references in this application to give you any and all information concerning my previous employment, character and general reputation, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application and release all such parties from all liability for any damage that may result from furnishing such information to you. I authorize you to request and receive such information. The Company completes a background check, 3 year MVR, and drug test on any and all potential employees.

I understand that it is important that I am at work when scheduled and therefore I am responsible to make the necessary transportation arrangement to ensure that I am at work on time and as scheduled.

In the interest of safety and health of our patients and employees, employment is subject to a successful health screening and/or physical if required by law or dictated by the physical demands of the specific job.

I understand that no representative of the Company has any authority to enter into any agreement for employment for any specified period of time. Also, I understand that if hired I will have entered into my employment with the Company voluntarily and that I will be free to resign at any time with or without reason. Similarly, the Company may terminate employment at any time with or without reason.

I agree to conform to the employer's drugs in the workplace policy and agree to submit to initial and any random drug test as required by the employer.

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Signature of Applicant

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Date