

MAIN STREET HOSPICE, LLC
APPLICATION FOR EMPLOYMENT

Main Street Hospice is an equal opportunity employer. Federal and state laws prohibit discrimination in employment practices because of race, color, religion, age, sex or national origin. No question on this application is asked for the purpose of limiting or excluding any applicant's consideration for employment based on his or her race, color, religion, age, sex, or national origin.

Position Applying for: _____ Date: _____

Referral Source: Ad: _____ Walk-In
 Employee: _____ Employment Agency
 Other: _____ Relative

Legal Name (Last) (First) (Middle)

Address: _____ SS# _____

City: _____ State: _____ Zip: _____

Telephone #: () _____ Cell #: () _____

Name as it appears on Social Security Card: _____

Have you used any other name (Maiden name)? _____

Have you ever applied for employment with us? Yes No

If yes, Month and Year: _____

Have you ever been employed here before: Yes No If yes, list dates: _____

Do you have the legal right to be employed in the United States? Yes No

If offered a position, the Immigration and Naturalization Act of 1986 requires you to furnish proof of employment authorization and identity before you begin work.

Date available to begin work: _____

Please check: Full Time Part Time Temporary Per Diem Volunteer

Are you willing to work weekends? Yes No On call? Yes No

Professional Licenses and/or Certifications:

Type/State	Date Issued	Expiration	Number

Have you ever had any action taken against your professional license? Yes No If Yes, please explain circumstances and outcome: _____

Education

	Name of School	Location	License Issued and Date	Diploma, Degree, Certificate
High School				
College				
Vocational or Technical				
Other				

Employment History

(List most recent employer first)

Please account for any time during this period that you were unemployed by stating the nature of your activities. Please indicate if you were employed under a different name.

1.

Employer: _____ Telephone #: () _____ - _____
 Address: _____ Employed (Month and Year)
 _____ From: _____ To: _____

Position/Title: _____ Salary/Hourly Rate:
 Supervisor: _____ Starting: _____ Final: _____
 Duties and/or Responsibilities: _____

Reason for Leaving: _____
 May we contact for reference? () Yes () No Explain: _____

2.

Employer: _____ Telephone #: () _____ - _____
 Address: _____ Employed (Month and Year)
 _____ From: _____ To: _____

Position/Title: _____ Salary/Hourly Rate:
 Supervisor: _____ Starting: _____ Final: _____
 Duties and/or Responsibilities: _____

Reason for Leaving: _____
 May we contact for reference? () Yes () No Explain: _____

3.

Employer: _____
Address: _____

Telephone #: () _____ - _____
Employed (Month and Year)
From: _____ To: _____

Position/Title: _____
Supervisor: _____
Duties and/or Responsibilities: _____

Salary/Hourly Rate:
Starting: _____ Final: _____

Reason for Leaving: _____
May we contact for reference? () Yes () No Explain: _____

4.

Employer: _____
Address: _____

Telephone #: () _____ - _____
Employed (Month and Year)
From: _____ To: _____

Position/Title: _____
Supervisor: _____
Duties and/or Responsibilities: _____

Salary/Hourly Rate:
Starting: _____ Final: _____

Reason for Leaving: _____
May we contact for reference? () Yes () No Explain: _____

5.

Employer: _____
Address: _____

Telephone #: () _____ - _____
Employed (Month and Year)
From: _____ To: _____

Position/Title: _____
Supervisor: _____
Duties and/or Responsibilities: _____

Salary/Hourly Rate:
Starting: _____ Final: _____

Reason for Leaving: _____
May we contact for reference? () Yes () No Explain: _____

6.

Employer: _____
Address: _____

Telephone #: () _____ - _____
Employed (Month and Year)
From: _____ To: _____

Position/Title: _____
Supervisor: _____
Duties and/or Responsibilities: _____

Salary/Hourly Rate:
Starting: _____ Final: _____

Reason for Leaving: _____
May we contact for reference? () Yes () No Explain: _____

Page 3 of 8

Please answer all of the following questions. Please note that providing inaccurate information will result in immediate termination, or withdrawal of offer for employment. You may use the back of this form if additional space is needed.

Are you at least 18 years old? _____
Have you ever been discharged from any position? If yes, please explain: _____

Have you ever been convicted of a crime (felony and/or misdemeanor) that has not been expunged by a court? _____ If yes, please explain: _____

Please list the following information for each conviction: Charge/Offense Date/Arresting Agency/ Location: _____

Note to applicants regarding prior convictions: A prior conviction will not necessarily bar you from employment: however, the type of conviction and when it occurred will be considered. We will not deny employment due to a prior conviction unless: there is a direct relationship between one or more previous criminal offenses and the employment sought: or granting employment would involve an unreasonable risk to property or to the safety or welfare of others.

In making the above determination we will consider: the specific duties and responsibilities necessarily related to the employment sought: the bearing, if any, the criminal offense for which you were previously convicted will have on your ability to perform one or more such duties or responsibilities: the time that has elapsed since the criminal offense occurred: your age when they occurred: the seriousness of the offense: any information you produce to us or that is produced on your behalf in regard to your rehabilitation and good conduct: and our legitimate interest in protection, the safety and welfare of our employees, others and out property.

Do you have any criminal charges pending? _____ No application for employment will necessarily be rejected because of a pending charge.

Miscellaneous Information

Would you be able to serve as an interpreter of a foreign or sign language? () Yes () No

State any additional information you feel may be helpful to us in considering your application:

List any additional skills (Example: Computer skills, Software experience, etc.)_____

If overtime is required periodically, does this pose a problem? () Yes () No

Military Status

Have you ever served in the U.S. Armed Forces? () Yes () No

Branch:_____ Discharge Date:_____

Additional Training

Describe any training received relevant to the position for which you are applying:_____

PLEASE LIST A PREVIOUS SUPERVISOR / CO-WORKER WE CAN CALL FOR A REFERENCE. LIST NAME / RELATIONSHIP / CONTACT INFORMATION:

Date: _____

Name of Reference: _____

Relationship to Applicant: _____

Phone: _____ Email: _____

Signature of Applicant: _____

FOR OFFICE USE ONLY

Position applied for: _____

Verify dates of employment: From: _____ To: _____

Verify position or title: _____

Duties and / or responsibilities: _____

Did he/she perform satisfactorily in this position? () Yes () No

Reason for separation: _____

Would you rehire? () Yes () No _____

Information provided by:

Name Title Date

PLEASE LIST A PREVIOUS SUPERVISOR / CO-WORKER WE CAN CALL FOR A REFERENCE. LIST NAME / RELATIONSHIP / CONTACT INFORMATION:

Date: _____

Name of Reference: _____

Relationship to Applicant: _____

Phone: _____ Email: _____

Signature of Applicant: _____

FOR OFFICE USE ONLY

Position applied for: _____

Verify dates of employment: From: _____ To: _____

Verify position or title: _____

Duties and / or responsibilities: _____

Did he/she perform satisfactorily in this position? () Yes () No

Reason for separation: _____

Would you rehire? () Yes () No _____

Information provided by:

Name Title Date

I CERTIFY THAT ALL STATEMENTS MADE BY ME ON THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. APPLICANT'S AUTHORIZATION TO RELEASE INFORMATION: I AUTHORIZE MAIN STREET HOSPICE TO MAKE A THOROUGH INVESTIGATION OF MY PREVIOUS EMPLOYMENT HISTORY AND ALL OTHER FACTS STATED ON MY APPLICATION FOR EMPLOYMENT. I HEREBY RELEASE FROM LIABILITY OR RESPONSIBILITY ALL INDIVIDUALS, BUSINESS ESTABLISHMENTS, EMPLOYEES, EDUCATION INSTITUTIONS AND/OR AGENCIES SUPPLYING SUCH INFORMATION.

I UNDERSTAND THAT A COMPLETE BACKGROUND SCREENING WILL BE CONDUCTED AS A PREREQUISITE FOR EMPLOYMENT TO INCLUDE LICENSE/CERTIFICATION VERIFICATION., CRIMINAL BACKGROUND CHECK, ABUSE SCREENING, OIG EXCLUSION LIST CHECK. BACKGROUND/LICENSE FAILURES COULD RESULT IN TERMINATION OF EMPLOYMENT IF FOUND TO BE IN NONCOMPLIANCE WITH STANDARDS OF CARE. I HEREBY RELEASE FROM LIABILITY OR RESPONSIBILITY ALL INDIVIDUALS, BUSINESS ESTABLISHMENTS, EMPLOYERS, EDUCATIONAL INSTITUTIONS AND/OR AGENCIES SUPPLYING SUCH INFORMATION.

Signature of Applicant: _____ ***Date:*** _____

