

Pathway Hospice

...guiding you down life's path

As an EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER, We do not discriminate against applicants or employees because of their age, race, color, religion, national origin, sex (except where sex is a bona-fide occupational qualification) or on any other basis prohibited by law. Furthermore, we will not discriminate against any applicant or employee because he or she is mentally or physically disabled, a disabled veteran, a veteran of the Vietnam era, provided he or she is qualified and meets the requirements established by the employer for the job.

If you need help completing this application or require special accommodation, please ask for assistance.

Date of Application: _____

(PLEASE PRINT)

Specific Position Applied For: _____

Referral Source: Ad Friend Relative Employment Agency
 Walk in Website Other

APPLICATION MUST BE COMPLETE. RESUMES WILL NOT BE ACCEPTED IN LIEU OF A COMPLETED APPLICATION.

Name: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Previous Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Social Security Number: _____

Name(s) and Telephone number(s) of person(s) to be notified in case of an accident or an emergency:

Are you presently legally authorized to work in the United States of America on a full-time basis? Yes No

If employed and you are under 18, can you furnish a work permit? Yes No

Have you ever been employed by Pathway Hospice? Yes No

If yes, when and where: _____

Are you employed now? Yes No

May we contact your present employer? Yes No

Are you available to work: Full Time Part Time PRN First Shift Second Shift Third Shift

Have you ever been convicted of a crime other than a minor traffic offense? Yes No

Are you currently under any pending investigation or charge? Yes No

Will you submit to a drug screen, background check, or physical (if appropriate to the job position) as part of the employment process? Yes No

Can you perform the essential functions of this job either with or without reasonable accommodation? Yes No

Can you meet the attendance requirements of the job? Yes No

List the name and telephone numbers of three references that are not related to you and are not previous employers:

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Name: _____ Telephone: _____

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License or Certification:

RN: License Number: _____ State: _____ Expiration: _____

LPN: License Number: _____ State: _____ Expiration: _____

CNA Certification: _____ State: _____ Expiration: _____

Therapist Only:

Type: _____ Number: _____ State: _____ Exp.: _____

Education:

	High	College / University	Graduate / Professional
School Name			
Years Completed (Circle)	9 10 11 12	1 2 3 4	1 2 3 4
Diploma Degree			
Course of Study			
Specialized Training, Apprenticeship, Skills, Honors, etc...			

Employment Experience: Fill out completely. Start with your present job or most recent job. Include military service assignments or volunteer activities. Exclude organization names which include race, color, religion, sex, or national origin.

Employer:	Dates Employed: From / To		Work Performed
Telephone:			
Address:	City, State, Zip:		
Job Title:	Hourly / Salary		
Supervisor:	Start	Final	
Reason for leaving:	/		

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Telephone:			
Address:	City, State, Zip:		
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Telephone:			
Address:	City, State, Zip:		
Job Title:	Hourly / Salary		
Supervisor:	Start	Final	
Reason for leaving:	/		

This application shall only remain active for 60 days. After 60 days, if you are still interested in employment with Pathway Hospice, LLC you must fill out a new application.

I hereby certify that all statements made in this application are true and correct to the best of my knowledge and belief. I understand and agree that any misrepresentation or omission of facts in my application may be justification for refusal to hire, or termination of employment.

I further understand that an investigative report may be made as to my character and general reputation. I authorize all past employers, schools, persons, and organizations having relevant information or knowledge to provide it for its use in deciding whether or not to offer me employment and specifically waive any liability in responding to inquiries in connection with my application. Upon written request by me, within a reasonable period of time, Pathway Hospice, LLC will make available to me the nature and scope of all reports of every type obtained.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Pathway Hospice, LLC and me for either employment or for the providing of any benefit. If I am offered and accept employment, I understand that the employment is for no specific time period or duration and can be terminated with or without reason at any time.

In signing this form, I certify that I understand all of the questions and statements in this application.

Signature: _____ Date: _____

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FOR OFFICE USE ONLY

Interviewed: Yes No By: _____ Date: _____

Hired: Yes No Hire Date: _____

Comments: