



## Application for Employment

### Applicant Instructions

If you need assistance filling out this form or for any portion of the application process, please ask for help and every effort will be made to accommodate your needs.

1. Please read the “NOTE TO THE APPLICANT” below.
2. If more space is needed to complete any question, use the back of the page with reference to the question for identification to the continuation of response.
3. Print clearly, incomplete, or illegible applications will not be processed. PLEASE NOTE “NOT APPLICABLE” IF NOT ANSWERING A QUESTION.
4. Provide only requested information. Failure to do so may result in disqualification of your application.

### NOTE TO THE APPLICANT

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions thoroughly and accurately. False or misleading statements during the interview and on this application are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination based on sex, marital status, race, color, age, creed, national origin, sexual orientation, military reserve membership, ancestry, religion, height, weight, use of a guide or support animal because of blindness, deafness or physical handicap, or the presence of disabilities. A conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

# APPLICATION FOR EMPLOYMENT

TODAY'S DATE \_\_\_\_\_

Are you at least 18 years old?  YES  NO

NAME \_\_\_\_\_  
LAST FIRST M.I.

SOCIAL SECURITY NUMBER (Last 4-digits) \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

CELL PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_  
STREET

CITY STATE ZIP

EMAIL ADDRESS: \_\_\_\_\_

## AVAILABILITY:

For which position are you applying? \_\_\_\_\_

What date can you start? \_\_\_\_\_

What category would you prefer? (Circle one) Full-time Part-time Temporary PRN

Have you ever worked for Arkansas Valley Hospice Inc?  YES  NO If yes, indicate dates: \_\_\_\_\_

Are you legally Authorized to Work in the US?  YES  NO

Are you related to anyone who works, volunteers or is a board member for Arkansas Valley Hospice?  YES  NO

## HOW DID YOU LEARN ABOUT THIS POSITION:

- Newspaper  AVH Website  Colorado Workforce  
 School  Radio  Other: \_\_\_\_\_  
 Current employee? Who? \_\_\_\_\_

## JOB-RELATED SKILLS:

Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to this job or the organization. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COMMENTS:** write on back if more space is needed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EMERGENCY CONTACT:

In case of emergency contact: \_\_\_\_\_  
Name Phone  
\_\_\_\_\_  
City State

**EDUCATION:**

Please circle last grade completed. 7 8 9 10 11 12 13 14 15 16 16+

If your school records are under a different name, please disclose that name \_\_\_\_\_

NAME	CITY/STATE	GRADUATED	DEGREE
High School			
College			
College			
University			
Other			
Other			

**PREVIOUS EMPLOYERS (Within five years):**

PLEASE NOTE: Your application will not be reviewed unless every question in this section has an answer. Since we will make very effort to contact previous employers, the correct telephone numbers of past employers are very important. Ask for a phone book or call information if necessary. FOR EMPLOYERS OUTSIDE THE U.S., A CURRENT FAX NUMBER IS NECESSARY.

**MOST RECENT EMPLOYER**

Yes  No Are you currently working for this employer?  
 Yes  No If yes, may we contact?

Phone ( )

Company Name City State

Dates Employed (From – To) Job title Supervisor Name

Duties

Salary Per (Hour, Week, Month) Reason for leaving

**1<sup>ST</sup> PREVIOUS EMPLOYER**

Phone ( )

Company Name City State

Dates Employed (From – To) Job title Supervisor Name

Duties

Salary Per (Hour, Week, Month) Reason for leaving



I also understand that the testing will be performed at the company's expense, requires applicants to give body substances (e.g., breath, urine, blood) and is performed at a testing facility the company designates. I also understand that the company will not offer employment to anyone who fails or refuses to take the drug screening test. I therefore agree I will submit to drug screen testing as part of my application and that the organization will have no liability to me related to such testing or for refusing to employ me if I fail the test.

**I HAVE READ AND UNDERSTAND THESE CONDITIONS OF EMPLOYMENT**       **YES**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**\*\*\* (OPTIONAL) TO SELF-IDENTIFY**

Applicants who wish to assist with Arkansas Valley Hospice Inc commitment to equal employment opportunity have the option to continue to identify themselves. This information is voluntarily provided, it will be kept confidential, and refusal to provide it will not subject any applicant to any adverse treatment. We consider applications for all positions without regard to race, color, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status.

- Hispanic or Latino
- Black or African American
- Asian
- Two or More Races

- White
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native

Yes     No    I identify myself as Handicapped

Any person who has 1. a physical or mental impairment which substantially limits one or more of such person's major life activities 2. has a record of such impairment, or 3. is regarded as having such impairment. For purposes of this part, a handicapped individual is "substantially limited" if he or she is likely to experience difficulty in securing or advancing in employment because of handicap.

# Personal and Confidential

## FOR EMPLOYER USE ONLY

	COMPLETED	DATE	APPOINTMENT
BACKGROUND	_____	_____	
CAPS	_____	_____	
DRIVER LICENSE	_____	_____	
DORA	_____	_____	
DRUG TESTING	_____	_____	_____

## REFERENCES – FOR EMPLOYER USE ONLY

DATE	PERSON CONTACTED	COMMENTS