



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

1ST PREVIOUS EMPLOYER

Phone ()

Company Name City State

Dates Employed (From – To) Job title Supervisor Name

Duties

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

2ND PREVIOUS EMPLOYER

Phone ()

Company Name _____ City _____ State _____

Dates Employed (From – To) _____ Job title _____ Supervisor Name _____

Duties _____

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

3RD PREVIOUS EMPLOYER

Phone ()

Company Name _____ City _____ State _____

Dates Employed (From – To) _____ Job title _____ Supervisor Name _____

Duties _____

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

4TH PREVIOUS EMPLOYER

Phone ()

Company Name _____ City _____ State _____

Dates Employed (From – To) _____ Job title _____ Supervisor Name _____

Duties _____

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

REFERENCES: Give at least two references who have good knowledge of your work. No relatives please.

NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP
1.		
2.		
3.		

CERTIFICATION:

I certify that I have read and understand the applicant note on the cover page and that the answers given by me to the questions and the statements made by me are complete and truthful to the best of my knowledge. I understand that any false information, omissions, or misrepresentations of facts called for in this application, whether on this document or not, may result in rejection of my application or discharge at any time during my employment.

I understand this application is not intended to be a contract of employment between the company and me, and I understand that if I am hired, I will be an “at-will” employee throughout my time with the organization, which means either the company or I may terminate the employment with or without cause at any time, with or without advance notice. I further understand that only the Board of Directors, Director, Administrative Assistant/Human Resource has the authority to change the “at-will” employment at any applicant or any employee, and may do so only in writing; so I may not rely on any written assurance from any other person or on the verbal assurance, conduct or custom of any person regarding the term or any other condition of my employment.

I UNDERSTAND THAT, SUBJECT TO APPLICABLE LAW, THE ORGANIZATION REQUIRES EVERY APPLICANT WHO RECEIVED A JOB OFFER FOR THE POSITION(S) I AM SEEKING TO BE TESTED TO SCREEN FOR CURRENT USE OF ILLGAL DRUGS TO INCLUDE THC. THIS IS A FEDERAL MANDATE.

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