

APPLICATION FOR EMPLOYMENT



PERSONAL

Instructions: Hospice of Dubuque requests this information for the purpose of evaluating your training and experience. If you fail to provide the requested information, Hospice may not be able to fully evaluate your qualifications. Please type, print or write neatly in blue or black ink.

Name: Last _____ First _____ Middle _____

An Equal Opportunity Employer Social Security No. _____

Present Mailing Address - Street	City	State	Zip Code	A/C Telephone No.
----------------------------------	------	-------	----------	-------------------

Permanent Mailing Address (if different then above)

Have you ever been known by another name(s) which Hospice needs to verify information in this application? <input type="checkbox"/> No <input type="checkbox"/> Yes-Give name(s) and identify related school, employer, etc., in applicant Section on page 4.	Do you have a legal right to work in the U. S. A. ? <input type="checkbox"/> Yes <input type="checkbox"/> No Proof of citizenship or immigration status required upon employment .	Are you age 18 or older ? <input type="checkbox"/> No <input type="checkbox"/> Yes
--	--	---

During the past 10 years have you ever been convicted of a crime, excluding misdemeanors and minor traffic violations? <input type="checkbox"/> No <input type="checkbox"/> Yes -- Give details on a separate sheet of paper. A conviction will not necessarily be a bar to employment, factors such as age and time of offense, seriousness and nature of the violation and rehabilitation will be taken into account. Sealed, annulled, or expunged convictions need not be disclosed.	Have you filed an application or resume with Hospice before? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____
--	--

List telephone number where you can be reached during the day, and the best time to call. _____	Have your ever worked for Hospice of Dubuque before? <input type="checkbox"/> No <input type="checkbox"/> Yes Dates: _____	Do you have any friends or relatives working at Hospice who can comment on your work performance? <input type="checkbox"/> No <input type="checkbox"/> Yes List name and relatives in applicant section on page 4.
--	---	---

JOB OBJECTIVE Position(s) applying for:	How many years do you expect to work?	Date available for employment
---	---------------------------------------	-------------------------------

Check type of employment desired:
 Full time (35-40 hrs./wk.) Part-time (1-34 hrs./wk.) Temporary Summer

Please check all shifts that you would be able and willing to work:
 Day Evening Night Rotating Weekends Holidays On Call

EDUCATION AND TRAINING

Circle highest grade completed High School Graduate or GED Name of Last Grade or High School Attended
 1 2 3 4 5 6 7 8 9 10 11 12 Yes No

Names and Location of Post-High Schools Attended	Credit Hours	Grade Point Average	Did you Graduate?	Degree or Diploma	Area of Specialization

EDUCATION AND TRAINING continued

Have you completed your course of study? ___Yes ___No--Give anticipated completion date _____

List professional licenses State(s)	Type of License	License Number	Expiration Date

List any seminars, conferences, in-service training or continuing education courses which are relevant to the position which you are seeking:

EMPLOYMENT HISTORY--List most recent position held first. If you held more than one position with the same Employer, list each separately. It is important that you describe your work in sufficient detail so that we can fairly determine your duties and the level of responsibility. Show periods of self employment or unemployment. Insert additional sheets if necessary. Resumes may only be used to supplement this application, not as a substitute for completing it.

Employer		Complete Address		Nature of Business
Date Started	Date Left	Rate of Pay	Average Number Hours Worked/Week	Number/kind of employees you supervised, if any.

Supervisor Name		Supervisor Title and Work Telephone Number		
-----------------	--	--	--	--

Your Job Title		Describe Job Duties	Reason for Leaving
----------------	--	---------------------	--------------------

Employer		Complete Address		Nature of Business
Date Started	Date Left	Rate of Pay	Average Number Hours Worked/Week	Number/kind of employees you supervised, if any.

Supervisor Name		Supervisor Title and Work Telephone Number		
-----------------	--	--	--	--

Your Job Title		Describe Job Duties	Reason for Leaving
----------------	--	---------------------	--------------------

Employer		Complete Address		Nature of Business
Date Started	Date Left	Rate of Pay	Average Number Hours Worked/Week	Number/kind of employees you supervised, if any.

Supervisor Name		Supervisor Title and Work Telephone Number		
-----------------	--	--	--	--

Your Job Title		Describe Job Duties	Reason for Leaving
----------------	--	---------------------	--------------------

EMPLOYMENT HISTORY--continued

Employer		Complete Address		Nature of Business
Date Started	Date Left	Rate of Pay	Average Number Hours Worked/Week	Number/kind of employees you supervised, if any.
Supervisor Name			Supervisor Title and Work Telephone Number	
Your Job Title			Describe Job Duties	Reason for Leaving

MILITARY

Are you a veteran of the United States Armed Forces? No Yes--Please complete:

Branch	Date Entered	Date Separated	Rank and Job Title at Separation
--------	--------------	----------------	----------------------------------

Are you a member of the U.S. military reserve? No Yes--Status: Inactive Active--Please Complete

Branch	Date Entered	Completion Date Rank and Job Title
--------	--------------	------------------------------------

HEALTH

Are you capable of performing the essential functions of the job for which you are applying ? Yes No. Any job offer will be contingent upon the results of a health examination to be taken after the job offer but before the actual start of employment.

REFERENCES

May we contact all of the employers listed in the employment history section regarding your current or past employment? Yes No--List those not to be contacted.

List three people familiar with your current abilities that we may contact for references. Do not list relatives or former employers.

Name	Address--Street, City, State, and Zip	Occupation	Yrs. Known	Telephone

Do you have a record of founded child or dependent adult abuse or have your ever been convicted of a crime in this state or any other state? Yes No If yes, which state(s)?

APPLICATION STATEMENT

Occasionally the form of an application blank makes it difficult for an applicant to adequately summarize his/her complete background. Please use the space below to summarize any additional information necessary to describe your full qualifications. Insert additional sheet if necessary.

ALL APPLICANTS READ CAREFULLY AND SIGN

I certify that the facts set forth in this employment application are true and complete to the best of my knowledge. I voluntarily give Hospice of Dubuque the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies, corporations, or schools supplying information. I understand that employment with Hospice of Dubuque will depend upon the results of the following investigated reports: (Mandatory) Criminal history record, dependent adult abuse record check, (optional by office) child abuse check, sex offender registry and driving record. I consent to take the employment health examination and such future health examinations as may be required by Hospice of Dubuque at such times and places as Hospice shall designate. I accept all responsibility for reading and being aware of all Hospice policies and agree to comply with the policies. I understand that infractions of said policies may lead to dismissal. I understand that if I am employed it will be on a probationary period of at least 90 days of as defined by the job into which I am employed. I understand that the hours of my work schedule may change as the needs of Hospice change. I understand the use of this application does not indicate that any positions are open and does not in any way obligate Hospice. I understand that falsification of information provided on this application, or accompanying resume, if any, will be cause for immediate dismissal. Finally, I understand that his application is not a contract of employment and that employment will be contingent upon successful completion of a physical examination and background checks.

I have read the job description, and can perform the essential functions of the position with or without reasonable accommodations.

Yes__ No__

(Note: Do not answer this question unless you have been informed about the requirements of the job for which you are applying.)

Applicant's Signature _____ Date _____

EMPLOYMENT USE

Date _____ Interviewer Remarks _____

Position _____ Department _____ Replacement For _____

Pay _____ F.T. - P.T. _____ Probationary Period _____ Employment Date _____