

In My Home Hospice Care Employment Application



In My Home Hospice Care

1204 E. Baseline Rd, Suite 101., Tempe, AZ 85283 | O: (480) 590-6556 | F: (888) 524-5507 | info@inmyhomehospice.com

APPLICANT'S NAME (Last) (First) (Middle)			SOCIAL SECURITY NUMBER
MAILING ADDRESS (Number) (Street)			HOME TELEPHONE NUMBER
(City) (State) (Zip code)			CELL TELEPHONE NUMBER
LICENSE/ CERTIFICATION NUMBER	EXPIRATION DATE	EMAIL ADDRESS	
DRIVER'S LICENSE NUMBER	STATE LICENSE ISSUED	EXPIRATION DATE	
JOB TITLES FOR WHICH YOU ARE APPLYING:			DATE OF BIRTH:

Have you filed an application here before? YES NO

Have you been employed here before? YES NO

Are you employed now? YES NO

Hours you are available to work: FULL TIME PART TIME PER VISIT
 MORNING AFTERNOON NIGHT

Do you have any allergies : YES NO Other: _____

Are any of your educational or employment records under another name(s)? If so, please list below:

Have you been convicted of any crime, or are you currently charged with a crime other than a traffic violation? If yes, please explain:

Have you ever been fired, dismissed, terminated, or had an employment contract terminated from any position for performance or for disciplinary reasons? If yes, please explain:

Are you fluent in any foreign languages? Please list:

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EDUCATION:

List your education starting with high school. Start with the last school you attended if you did not graduate from high school:

NAME OF SCHOOL
TYPE OF SCHOOL <input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> TRADE <input type="checkbox"/> COLLEGE <input type="checkbox"/> POST GRADUATE
LOCATION OF SCHOOL
DIPLOMA/DEGREE EARNED <input type="checkbox"/> GENERAL <input type="checkbox"/> GED <input type="checkbox"/> OTHER (describe)
DESCRIBE ANY SPECIALIZED TRAINING, SKILL BUILDING, OR APPRENTICESHIP ACTIVITIES YOU ENGAGED IN:
DESCRIBE ANY HONORS YOU HAVE RECEIVED

NAME OF SCHOOL
TYPE OF SCHOOL <input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> TRADE <input type="checkbox"/> COLLEGE <input type="checkbox"/> POST GRADUATE
LOCATION OF SCHOOL
DIPLOMA/DEGREE EARNED <input type="checkbox"/> GENERAL <input type="checkbox"/> GED <input type="checkbox"/> OTHER (describe)
DESCRIBE COURSE OF STUDY
DESCRIBE ANY SPECIALIZED TRAINING, SKILL BUILDING, OR APPRENTICESHIP ACTIVITIES YOU ENGAGED IN:
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EMPLOYMENT HISTORY:

List all of your work experience including military and voluntary service assignments. Begin with your present or last position. Attach additional sheets if necessary.

1.				
EMPLOYER		TELEPHONE	DATE EMPLOYED	
			From	To
ADDRESS				
JOB TITLE	SUPERVISOR		RATE/SALARY	
			Starting	Final
REASON FOR LEAVING				

2.				
EMPLOYER		TELEPHONE	DATE EMPLOYED	
			From	To
ADDRESS				
JOB TITLE	SUPERVISOR		RATE/SALARY	
			Starting	Final
REASON FOR LEAVING				

3.				
EMPLOYER		TELEPHONE	DATE EMPLOYED	
			From	To
ADDRESS				
JOB TITLE	SUPERVISOR		RATE/SALARY	
			Starting	Final
REASON FOR LEAVING				

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ACKNOWLEDGEMENT:

All applicants are considered for positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap. Verification of eligibility to work in the United States will be required if an employment offer is made.

I acknowledge that consideration for employment is contingent on the results of a reference and background check. Therefore, I hereby authorize In My Home Hospice Care to 1) investigate the truthfulness of all statements made on this application; 2) contact my former employers and other listed references or any other persons who can verify information; 3) discuss the results of any investigation with other employees involved in the hiring process; 4) check my driving record if applicable for the target job; and 5) check my criminal record. In addition, I give my consent for all contacted persons including former employers to provide the information concerning this application, and I release each person from liability for providing information to my potential employer.

I acknowledge and understand that this is an **employment at will** company.

I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this application in any detail is grounds for disqualification from further consideration or dismissal from employment in accordance with company policy.

Signature _____

Date _____

AFFIRMATIVE ACTION INFORMATION: (This section is for U.S. use only)

Completion of this information is voluntary. The information supplied will be kept confidential. Refusal to provide this information will not subject the applicant to any adverse treatment and it will be used only in accordance with the Act and regulations cited below.

Executive Order 11246, as amended by Executive Order 11385 and Section 402 of the Vietnam Era Veterans Readjustment Assistance Act of 1974, requires all government contractors and subcontractors with 50 or more employees and contracts from the federal government to recruit, hire, promote, and otherwise guarantee equal employment for qualified minorities, men, women, handicapped individuals and veterans in all job groups and at all levels of the work force. In order for your potential employer to comply with this order and this data, we ask that you complete the following:

Full Name: _____

Position Applied for: _____

Sex: Male Female Handicapped: Yes No Disabled Veteran: Yes No

Veteran who served on active duty for more than 180 days during the Vietnam era: Yes No

Race: Caucasian African American Hispanic Asian or Pacific Islander
 Native Indian or Alaskan Native Other National Origin _____

Referral Source: Friend Relative Walk-In Job Hotline
 Employment Agency Other

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Disclosure and Consent

In connection with the hiring process, I understand that In My Home Hospice Care may utilize the services of a background screening service agency. The information research will be in accordance to the job description and the pre-employment background checklist. This information will be used in the hiring process to determine a continued offering of employment with In My Home Hospice Care. I understand that this information may include, but is not limited to, the pre-employment background checklist. An applicant, if they wish, may see this list prior to signing this disclosure and consent agreement.

I understand that before In My Home Hospice Care takes any adverse action based in whole or in part on information contained in the report, I will be provided a copy of the report (except for privileged communications, if any) and a description in writing of my rights under the Fair Credit Reporting Act. If any adverse action is to be taken, an applicant will have the opportunity to meet with the Human Resource Department and explain any discrepancies.

I hereby consent to this pre-employment background check and authorize In My Home Hospice Care to procure a report as stated above from a background screening agency. Authorization is for pre-employment period. If report is to be procured during employment a new authorization must be obtained.

Full Name (including middle name-print)

Signature

Birthdate

Address

Social Security Number

Date

Witness (Print, sign, and date)

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Signature Attestation

Printed Name

Date

I attest that this is my authentic signature:

Signature

Date

EPHI Signature Verification

I _____ hereby attest that my signature when recorded by me electronically is authentic and is the same as if signed in person.

I further attest that by electronically signing any documentation, it is true, accurate, and complete to the best of my knowledge and I understand that any falsification, omission, or concealment of material facts may subject me to administrative, civil, or criminal liability. This attestation applies to all documentation entered by me in In My Home Hospice Care electronic patient chart records.

Signature

Date