



Employment Application
Attn: Human Resources
2490 West Shaw Avenue, Suite 101, Fresno, CA 93711
An Equal Opportunity Employer

Please Print

Date _____

Name _____
Last First Middle

Cell/Main Phone () _____ Home/Alternate Phone () _____

Present Address _____
No. Street City State Zip

Email Address _____

Have you ever been employed under another name? Yes _ No _ Provide name: _____

Employment Desired

Position applying for: _____

Applying for: __ Full Time __ Part Time __ On Call __ Per Diem Shifts: __ Day __ Evenings __ Nights

Are you available for work on weekends? Yes _ No _

If hired, what date can you start work? _____ Salary Desired: _____

How did you hear of our agency and this opportunity?

Did a Hinds Hospice employee refer you? Yes _ No _ Name of Employee: _____

Have you ever applied for employment or worked for Hinds Hospice before? Yes _ No _ If yes, when? _____

Have you ever volunteered for Hinds Hospice before? Yes _ No _ If yes, when, and in what capacity? _____

Answer the following questions if you are applying for a licensed or certificated position:

License/Certificate Type _____ No. _____ State _____ Expiration Date _____

License/Certificate Type _____ No. _____ State _____ Expiration Date _____

Has your license/certification ever been revoked or suspended? Yes _____ No _____

If yes, state reason(s), date of revocation or suspension and date of reinstatement. _____

Personal Information

If hired, would you have a reliable means of transportation to and from work? Yes _____ No _____

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) Yes _____ No _____

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes _____ No _____

If no, describe the functions that cannot be performed

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Are you currently employed? Yes _____ No _____

If so, may we contact your current employer? Yes _____ No _____

Education, Training and Experience

School	Name and Address	No. of years completed	Did you graduate?	Degree or Diploma
High School			Yes No	
College/University			Yes No	
College/University			Yes No	
College/University			Yes No	
Vocational/Business			Yes No	
Health Care			Yes No	

For Degree Only: College/University Address _____

Department Contact/Phone _____

Additional Degree: College/University Address _____

Department Contact/Phone _____

Additional Degree: College/University Address _____

Department Contact/Phone _____

Additional Degree: College/University Address _____

Department Contact/Phone _____

Some of our patients and clients speak little or no English. Do you speak, write or understand any foreign languages? Yes _____ No _____

If yes, which language(s)? _____

Do you have any other experience, training, qualifications or skills, which you feel make you especially suited for work at Hinds Hospice? If so, please explain:

Employment History

List all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume. If additional space is needed, print additional copies of this page and include with application.

Name of Employer _____

Address _____
No. Street City State Zip

Type of Business _____

Telephone No. () _____ Your Supervisor's Name _____

Your Position and Duties _____

Date of Employment: From _____ To _____

Reason for Leaving _____

May we contact this employer for a reference – if applicable, Yes No post offer?

Name of Employer _____

Address _____
No. Street City State Zip

Type of Business _____

Telephone No. () _____ Your Supervisor's Name _____

Your Position and Duties _____

Date of Employment: From _____ To _____

Reason for Leaving _____

May we contact this employer for a reference? Yes No

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Name of Employer _____

Address _____

No. Street City State Zip

Type of Business _____

Telephone No. () _____ Your Supervisor's Name _____

Your Position and Duties _____

Date of Employment: From _____ To _____

Reason for Leaving _____

May we contact this employer for a reference? Yes No

Military Service

Have you obtained any special skills or abilities as the result of service in the military? Yes _____ No _____

If so, describe: _____

References

List below three persons **not related** to you who have knowledge of your work performance within the last three years. A supervisory reference (someone who has supervised you) is required.

Name _____

Address _____

No. Street City State Zip

Occupation: _____ Telephone: _____

Name _____

Address _____

No. Street City State Zip

Occupation: _____ Telephone: _____

Name _____

Address _____

No. Street City State Zip

Occupation: _____ Telephone: _____

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Please Read Carefully, Initial Each Paragraph and Sign Below

INITIALS

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize Hinds Hospice investigate my references, work record, education and other matters related to my suitability for employment, unless otherwise specified above, and, further, authorize the references I have listed to disclose to Hinds Hospice any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Hinds Hospice, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

I understand that Hinds Hospice is an at-will employer and that nothing contained in the application, or conveyed during any interview, which may be granted, or during my employment, if hired, is intended to create an employment contract between Hinds Hospice and me. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or Hinds Hospice, and that no promises or representations contrary to the foregoing are binding on Hinds Hospice unless made in writing and signed by me and the agency's designated representative.

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

Date _____

Applicant's Signature _____