

HOSPICE OF EASTERN IDAHO, INC

1810 Moran Street

Idaho Falls, ID 83401-4337

Phone: 208-529-0342 Fax 208-529-6981

Email: hei@hospiceofeasternidaho.com

Application for Employment

We are pleased that you are seeking employment with **HOSPICE OF EASTERN IDAHO, INC** . Applicants are considered without regard to race, color, religion, sex, age, or national origin, sexual orientation, or any factors prohibited by local, state, or federal law. We are proud to be an Equal Opportunity/Affirmative Action Employer.

Personal

Last Name: _____ First: _____ M.I.: _____ email: _____

Address: _____ Day Ph: _____ Eve Ph: _____

In Case of Emergency, Please Notify: _____ Tel No. _____

Please list all names you have used in the past:

Are you related to any Company employee? Yes No Name: _____ Relationship: _____

Have you ever been employed at our Company? Yes Date of hire: _____ No

How were you referred to our Company? Advertisement Employee Agency Other: _____

Have you ever applied for employment at our Company Yes Date: _____ No

Employment Desired

Position: _____ Date Available: _____ Salary Desired: \$ _____ per: _____

Are you interested in: Temporary Full Time Part Time

Experience

List your last five (5) employers, starting with the most recent or **go** back 10 years; including military service. Attach separate sheet if necessary.

May we contact your current employer? Yes No

Employer Name: _____ Address: _____

Tel.: _____ Position: _____ From: _____ To: _____ Salary: \$ _____ per: _____

Reason for leaving: _____

Employer Name: _____ Address: _____

Tel.: _____ Position: _____ From: _____ To: _____ Salary: \$ _____ per: _____

Reason for leaving: _____

Employer Name: _____ Address: _____

Tel.: _____ Position: _____ From: _____ To: _____ Salary: \$ _____ per: _____

Reason for leaving: _____

Employer Name: _____ Address: _____

Tel.: _____ Position: _____ From: _____ To: _____ Salary: \$ _____ per: _____

Reason for leaving: _____

Employer Name: _____ Address: _____

Tel.: _____ Position: _____ From: _____ To: _____ Salary: \$ _____ per: _____

Reason for leaving: _____

Education

Begin with high school and include any military schools you may have attended.

High School Name: _____ Address: _____

Graduate? Yes No GED

College or Trade School: _____ Address: _____

Dates. From: _____ To: _____ Course of Study: _____ Degree: _____

College or Trade School: _____ Address: _____

Dates. From: _____ To: _____ Course of Study: _____ Degree: _____

College or Trade School: _____ Address: _____

Dates. From: _____ To: _____ Course of Study: _____ Degree: _____

College, or Trade School: _____ Address: _____

Dates. From: _____ To: _____ Course of Study: _____ Degree: _____

Skills

Licenses or Certifications: _____

Typing Speed _____ Word Processing? Yes No Software: _____

Additional Computer Skills: _____

Other Skills: _____

Criminal Convictions

Have you, within the last seven years, been convicted of or pled guilty or nolo contendere (no contest) to a felony crime? (Convictions that have been expunged, sealed or legally eradicated need not be listed). Yes No

If yes, state the nature of the crime(s), when and where convicted and the disposition of the case. A conviction will not necessarily disqualify you from employment. The nature of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may be considered. _____

Can you perform the essential functions of this job, with or without reasonable accommodation? Yes No

Can you meet the attendance requirements of this job? Yes No

IF HIRED, I WILL PROVIDE PROOF OF MY LEGAL AUTHORIZATION TO WORK IN THE UNITED STATES

References

Name (3) individuals we may contact who have knowledge of your performance and work experience, preferably former supervisors:

Name: _____ Company: _____ Title: _____

Company Address: _____ Ph. No. _____

Name: _____ Company: _____ Title: _____

Company Address: _____ Ph. No. _____

Name: _____ Company: _____ Title: _____

Company Address: _____ Ph. No.: _____

Please read carefully, initial each paragraph and sign at the bottom of the page.

_____ . 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 the Company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, I authorize the references I have listed to disclose to the Company all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and 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 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 the Company and me. In addition, I understand and agree that if I am employed, my employment is at will and is for no definite or determinable period and may be terminated at any time, with or without prior notice, or with or without cause, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and the company's designated representative.

_____ I understand that in connection with my application for employment, the Company may obtain a consumer report and/or investigate consumer reports about me that may contain information as to my character, general reputation, personal characteristics, and mode of living. Such reports may include or consist of my driving history obtained from the Department of Motor Vehicles. I further understand that any job offer extended by the Company is contingent upon receipt of a favorable consumer or investigative consumer report about me.

_____ I understand that in connection with my application for employment, depending upon the position for which I have applied, any offer of employment is conditioned upon my taking and passing a post-offer/pre-employment drug test and, if necessary for the position for which I have applied, a post-offer/ pre-employment medical examination. I understand that I may refuse to take any required pre-employment drug test and/or medical examination, but that if I do, any offer of employment will be immediately withdrawn.

This is to advise you that it is the Company's policy to submit all employment-related disputes that cannot be resolved informally to binding arbitration. If you are offered a job with the Company, your hiring is conditioned upon your agreement to submit any employment-related disputes you may have with the Company to arbitration. Upon a conditional offer of employment, you will be provided with copies of the Company's arbitration policy and agreement. If you choose not to agree to binding arbitration, any offer of employment extended to you will be withdrawn.

I HAVE READ THE ABOVE PARAGRAPHS, UNDERSTAND THEIR IMPORTANCE AND EFFECT UPON MY EMPLOYMENT, AND ACCEPT SAME AS CONDITIONS OF MY EMPLOYMENT WITH COMPANY.

This application, when completed and signed, becomes the property of Company.

Applicant Signature

Date

Print Name