



AT-WILL EMPLOYMENT APPLICATION

THIS APPLICATION IS NOT AN EMPLOYMENT CONTRACT but merely is intended to evaluate suitability for employment. This agency fully subscribes to the principles of Equal Employment Opportunity. It is the policy of this agency to provide employment, compensation and other benefits related to employment based on qualifications, without regard to race, color, religion, age, gender, sexual orientation, veteran status or disability, communicable disease, or place of national origin as required by Title VI of the Civil Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975. This agency intends to fully comply with all federal and state laws, and all the information requested on this application will not be used for any purpose prohibited by law.

GENERAL INFO							
Today's Date		Position Applying For					
Date You Can Start		Desired Pay Range					
Availability to Work	<input type="checkbox"/> 40+ Hours Per Week <input type="checkbox"/> 20-39 Hours Per Week <input type="checkbox"/> Less than 20 Hours Per Week						
Days Available to Work	<input type="checkbox"/> SUN	<input type="checkbox"/> MON	<input type="checkbox"/> TUES	<input type="checkbox"/> WED	<input type="checkbox"/> THURS	<input type="checkbox"/> FRI	<input type="checkbox"/> SAT
Hours Available							
REFERRAL SOURCE							
<input type="checkbox"/> Advertisement <input type="checkbox"/> Website <input type="checkbox"/> Temp Agency <input type="checkbox"/> School <input type="checkbox"/> Walk-In <input type="checkbox"/> Employee <input type="checkbox"/> Other							
Source Name							
APPLICANT INFORMATION							
Last Name		First Name			Middle Name		
Street Address				City	State	Zip	
Postal Address (if different from street addr.)		Home Phone		Mobile Phone			
E-mail Address				Social Security			
Date of Birth (mm/dd/yyyy)		Gender		Marital Status			
		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Other			
Ethnic Origin							
<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Other							
EMPLOYMENT INFORMATION							
Did you ever work under a different name than the one listed on this application?						<input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, list name							
Are you under 18 years of age and can furnish a work permit if employed?						<input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you ever been employed here before?						<input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, list employment date							

Are you a citizen of the United States or legally authorized to work in the United States? <small>Proof of citizenship or immigration status will be required upon employment.</small>	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Have you served in any of the United States military services?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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If yes, list job experience attained	
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Have you been convicted of a crime or are there any criminal charges pending against you?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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If yes, describe including dates	
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You are not required to answer yes or furnish information about convictions for speeding or minor traffic violations. A criminal record does not constitute an automatic bar from employment. The record will be considered only as it relates to the job in question.

EMPLOYMENT HISTORY

Information must be complete and accurate or attach a resume. Failure to provide complete and accurate employment information for the past five (5) years may result in disqualification from consideration or if hired, discharge. Start with your present or previous job including military service assignments and volunteer activities. You may exclude organization names that indicate race, color, religion, gender, national origin, handicap or other protected status. If your history exceeds the allotted space, please attach an additional page.

Are you employed now? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, may we contact your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
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(1)	Employer		Phone Number	
	Address			
	Position		Supervisor	
	Duties			
	Start Date of Employment	End Date of Employment	Beginning Salary	Final Salary
	Reason for leaving			

(2)	Employer		Phone Number	
	Address			
	Position		Supervisor	
	Duties			
	Start Date of Employment	End Date of Employment	Beginning Salary	Final Salary
	Reason for leaving			

(3)	Employer			Phone Number	
	Address				
	Position			Supervisor	
	Duties				
	Start Date of Employment	End Date of Employment	Beginning Salary	Final Salary	
	Reason for leaving				

EDUCATION/TRAINING

Type	Name	Address	Course of Study	Completed	Degree/Diploma
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Training				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

PROFESSIONAL LICENSES/CERTIFICATIONS

Type of License	Certificate Number	State	Expiration Date

COMPUTER SKILLS

Typing Speed		Internet	<input type="checkbox"/> Yes <input type="checkbox"/> No
Software Programs			

SPECIAL SKILLS

List any language/s, besides English, you <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write	
List any special skills and/or qualifications	

REFERENCES

List three (3) professional references who are not related to you.

Name	Relation	Contact Number	Years Known

DISCLOSURE STATEMENT

I, _____, applicant for employment with BEAR VALLEY HOSPICE LLC, do hereby grant BEAR VALLEY HOSPICE LLC permission to contact past and present employers (unless specified otherwise above) as well as those individuals I have listed as references for the purpose of verification of employment and performance evaluations.

I hereby grant BEAR VALLEY HOSPICE LLC permission to thoroughly:

- Investigate any and all records pertaining to my present and past employment and professional references.
- Request and verify any education institutes I have attended.
- Conduct a criminal background check or a limited background check.
- Conduct an investigation concerning my driver’s license, social security, and professional license.

I understand that employment is contingent upon information received during this process.

I attest to the fact that any and all information supplied above is accurate and true to the best of my knowledge. I understand that falsifying information is grounds for disqualification of employment consideration or immediate dismissal from employment.

Due to the nature of this business, staffing needs of BEAR VALLEY HOSPICE LLC vary, as do the duties of the position for which you have applied. It may be necessary for BEAR VALLEY HOSPICE LLC to change the shifts, hours, and/or duties of the position for which you have applied in order to meet BEAR VALLEY HOSPICE LLC needs.

Applicant Name/Signature

Date of Application

***** APPLICANT TO RECEIVE A COPY OF THIS PAGE *****

Received By (Name/Title/Signature)

Date Received