

UNITED HOSPICE OF ROCKLAND, INC.

Employment Application

What Position Are You Applying For:

Name:

Address:

Home Telephone #: _____ Street _____ City _____ State _____ Zip _____ Business Telephone #: _____

Position Applied for: _____ Salary Request: _____

Applying For: Full Time Part Time Per Diem Available Start Date: _____

Are you available to work overtime as necessary? Yes No

Have you ever been convicted of a crime? Yes No If yes, state nature of offense, when, where and disposition _____

Have you ever been excluded from participation in the federal health care program? Yes No

Educational History:

Name/Address of High School:

Course of Study: _____ Number of years completed? _____ Degree Received?: _____

Name/Address of College:

Course of Study: _____ Number of years completed? _____ Degree Received? _____

Name/Address of College:

Course of Study: _____ Number of years completed? _____ Degree Received? _____

Graduate School

Name/Address: _____

Course of Study: _____ Number of years completed? _____ Degree Received?: _____

Other Schools: _____

Course of Study _____ Number of years completed? _____ Degree Received? _____

List Licenses/Certificates held, Field(s) of Practice, Dates Obtained: _____

Special Skills/Talents: _____

Are you a veteran? ___Yes ___No If so, are you a combat veteran? ___Yes ___No

What war? _____

(turn page over, please)

Please read the (attached or provided) job description for the position. Check one of the statements:

_____ I have reviewed the job description for the position for which I have applied. I am capable and qualified to perform all job functions.

_____ The following accommodations would be necessary for me to perform all job functions: _____

Work Experience: (List in order with last or current employer)

1. Date From: _____ To: _____ Position Held: _____

Reason for Leaving: _____

Did you work: (Please check) ___ Full Time ___ Part Time ___ Per Diem

Name/Address/ Telephone Number of

Employer: _____

Salary: _____ Supervisor's Name/Title: _____

Comments: _____

2. Date From: _____ To: _____ Position Held: _____

Reason for Leaving: _____

Did you work: (Please check) ___ Full Time ___ Part Time ___ Per Diem

Name/Address/ Telephone Number of

Employer: _____

Salary: _____ Supervisor's Name/Title: _____

Comments: _____

3. Date From: _____ To: _____ Position Held: _____

Reason for Leaving: _____

Did you work: (Please check) ___ Full Time ___ Part Time ___ Per Diem

Name/Address/ Telephone Number of

Employer: _____

Salary: _____ Supervisor's Name/Title: _____

Comments: _____

*May we contact ALL of the employers listed for references? _____

Personal References (excluding relatives)

1. Name/ Address/ Tel. No. _____

2. Name/Address/ Tel. No. _____

UNITED HOSPICE OF ROCKLAND, INC.

United Hospice of Rockland, Inc. (Hospice) is an equal opportunity employer and subscribes to Federal and New York State laws prohibiting discrimination in employment because of race, color, religion, sex, national origin, age, marital status, or disability

PREEMPLOYMENT STATEMENT

- 1. I certify that the information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume or any other materials, or during interviews, can be justification for refusal of employment, or, if employed, termination from Hospice's employment.**

- 2. Any offer of employment from Hospice I may receive is contingent upon my successful completion of Hospice's preemployment screening process, including receipt of references that it considers satisfactory, and my satisfaction of all postoffer health related requirements. As part of its screening process, UHR will be conducting the following background checks in accordance with agency policy and consistent with the position I shall hold : criminal background, driving record verification, Excluded Parties Listings / Fraud Alert for Medicaid, Medicare and the Office of the Inspector General.**

- 3. Upon employment, I will receive a copy of UHR personnel policies. I understand that these policies are intended as guidelines only. The policies may be amended at any time, and depending upon the particular circumstances of a particular situation, management actions may vary from written policy. The contents of UHR policies do not constitute a guarantee of continued employment. Rather, employment with UHR is on an "at-will" basis. This means that the employment relationship may be terminated at any time by either employee or management for any reason not expressly prohibited by law.**

Applicant Signature

Date

FOR OFFICE USE ONLY: (To Be Completed After Hire)

Starting Date: _____ **Starting Salary:** _____

Date Of Birth: _____ **SS#:** _____

Person/Tel No. to be contacted in case of an emergency:

Notes: