

EMPLOYMENT APPLICATION FORM

This application will be considered active for the position applied for 60 days after receipt. Thereafter you must reapply if you continue to be interested in employment. Vantage Hospice provides equal opportunities without regard to race, color, sex, religion, national origin, age, sexual, orientation, disability, veteran status or any other protected status.

Please read carefully, answer all questions, print clearly in ink. If any additional space is required, attach additional paper. Management and professional applicants must attach a resume.

APPLICATION FOR EMPLOYMENT

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

How long _____ Social Security No. _____ - _____ - _____

Telephone () _____

If under 18, please list age _____

Can you after employment submit certification of your legal right to work in the United States? Yes No

Position applied for (1) _____ Days/hours available to work
 and salary desired (2) _____
 (Be specific) No Pref _____ Thur _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When available for work? _____

Educational Background

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

Have you ever been convicted of a Felony? Yes No

Have you ever been convicted of a misdemeanor involving Theft? Yes No

Have you ever been convicted of a misdemeanor involving abuse, neglect, or mistreatment of an individual? Yes No

The company will not deny employment to any applicant solely because the applicant has been convicted of a crime. The company will consider the nature, date and circumstances of the offence as well as whether it is job related.

If you answered yes to any of the questions above list the convictions below.

Offense (s) Date Place Disposition

How did you learn of the job opening Check one)

Employee referral Newspaper Job Service College Trade School Other _____

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Professional Licenses/Certification				
Type	State Issued	Date Issued	Expires On	Number
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Please List job related organizational clubs, professional societies or other associations to which you belong (you may omit those which indicate your race, religious creed, color, national origin, sexual orientation, ancestry, sex or disability).

Skills				
Typing speed	Shorthand speed	Computer	Dictaphone	Medical terminology

Work Experience	Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. List at least three employers or employment history of five years, whichever is the greater. Attach additional sheets if necessary.
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Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates From To	Pay or salary Start Final
Position Title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____

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DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's license number _____ State of issue _____ Operator Commercial (CDL) Chauffeur
Expiration date _____

Have you had any accidents during the past three years? How many? _____

Have you had any moving violations during the past three years? How Many? _____

Please list two references other than relatives or previous employers.

Name _____

Name _____

Position _____

Position _____

Company _____

Company _____

Address _____

Address _____

Telephone () _____

Telephone () _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

PLEASE READ THE FOLLOWING BEFORE SIGNING THIS APPLICATION FORM

I understand that employment at the Company is at will and that either the Company or I can terminate the employment relationship at any time, for any reason with or without notice. I further understand that neither this application nor any other Company communication I may receive constitutes an employment contract. I authorize the Company to contact any or all of my references and former employers listed on the application submitted. I release the Company and any employer or reference which is contacted from any liability arising out of such inquiry for the response to such inquiry. I certify that the statements contained herein are true to the best of my knowledge and belief. I understand that any false or misleading statement, receipt of unsatisfactory references, an unsatisfactory criminal background check or an unsatisfactory result of the post offer physical examination which reveals that I cannot perform the essential functions of my job with or without accommodation may result in ineligibility for hire and/or discharge.

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

POST EMPLOYMENT INFORMATION FORM

TO BE COMPLETED AFTER EMPLOYEE HAS BEEN HIRED

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name _____ Telephone () _____

Address _____ Relationship _____

FOR INSURANCE PURPOSES ONLY: LIST ALL DEPENDENTS

NAME	RELATIONSHIP	BIRTH DATE	SSN

TO BE COMPLETED
BY EMPLOYER

Date of employment _____ Job title _____ Dept. _____

Location _____ Rate of pay _____ Full-time Part-time Salaried

Applicant's signature acknowledging above information _____

Drug test confirmation number (if conducted by company) _____

Name of person verifying information _____

Name of person authorizing employment _____

Applicant Self Identification Record
Personal and Confidential

Statement of Purpose:

Under the Civil Rights Act of 1964, the Rehabilitation Act of 1973 and the Vietnam Era Veterans Rehabilitation Assistance Act of 1974, the U.S. Government is empowered to require every employer to report the number of their applicants in the racial and ethnic groups listed below: While employers are permitted to determine the above group identification by visual survey, we believe that in order to avoid mistakes and misunderstanding every applicant should have the opportunity to answer this question personally.

THIS INFORMATION WILL ONLY BE USED FOR REPORTING TO GOVERNMENT AGENCIES. YOUR PARTICIPATION IN THIS SURVEY IS VOLUNTARY AND IS NOT A REQUIREMENT FOR EMPLOYMENT (NOT TO BE KEPT WITH EMPLOYMENT APPLICATION).

CHECK APPROPRIATE BOX

Male Female

***ETHNIC CODES:**

1. Hispanic or Latino = A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race
2. American Indian or Alaska Native – A person having origins in any of the original peoples of North and South America, (including Central America) and who maintain tribal affiliation or community attachment.
3. Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Sub-continent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
4. Black or African American – A person having origins in any of the black racial groups of Africa.
5. Native Hawaiian or other Pacific Islands – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
6. White – A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Please Identify Ethnic Code No:

Name please Print:

Signature

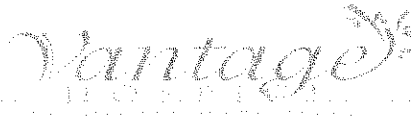
Social Security No:

Date

For Office Use Only:

Agency No:

Status/Disposition Code:



AUTHORIZATION FOR CRIMINAL HISTORY CHECK

I release **Vantage Hospice, LLC**, its officers, employees and agents from any and all liability from the results and preparation of any reports concerning my background or myself. I understand that a criminal history report will be requested from the Texas Department of Public Safety.

I authorize **Vantage Hospice, LLC**, to submit a request for a Criminal History Check to the Texas Department of Public Safety

Date:

Print Name:

Signature:

D L Number: -----

Maiden Name:

Date of Birth: / /

SS#:

Race:

Sex: