

*Hospice and Palliative Care of
Tidewater*

We are an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis including race, color, age, sex, religion, national origin, disability (mental or physical, genetic testing results (GINA) or pregnancy that does not prevent performance of essential job functions, with or without reasonable accommodation.

**APPLICATION FOR
EMPLOYMENT**

PERSONAL				
Last Name		First	Middle	Date
Street Address			Home Phone	
City, State, Zip			Cell Phone	
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Month and Year _____ Location _____			Email Address	
Position Desired			Pay Expectation	
Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work _____			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Proof of citizenship or immigration status will be required upon employment			When will you be available to begin work?	
Other job related special training skills (languages, machine operation, etc.)				
How did you learn of our Agency?				

EDUCATION					
SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE, DIPLOMA, OR CERTIFICATION
COLLEGE				<input type="checkbox"/> Yes <input type="checkbox"/> No	
HIGH SCHOOL				<input type="checkbox"/> Yes <input type="checkbox"/> No	
ELEMENTARY				<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER				<input type="checkbox"/> Yes <input type="checkbox"/> No	

AUTOMOBILE DRIVER'S LICENSE INFORMATION	
Driver's License No.	Expiration Date:
Insurance Company	Policy No.
<i>Proof of Insurance Coverage Required</i>	

<h1>EMPLOYMENT</h1>	Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.
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Company Name	Telephone
Address	Employed (State Month and Year) FROM: _____ TO: _____
Name of Supervisor	Weekly Pay START: _____ LAST: _____
State Job Title and Describe Your Work	Reason for Leaving

Company Name	Telephone
Address	Employed (State Month and Year) FROM: _____ TO: _____
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Company Name	Telephone
Address	Employed (State Month and Year) FROM: _____ TO: _____
Name of Supervisor	Weekly Pay START: _____ LAST: _____
State Job Title and Describe Your Work	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	<p style="text-align: center;">DO NOT CONTACT</p> <p>Employer: _____ Reason: _____</p> <p>_____</p> <p>_____</p>
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IN CASE OF EMERGENCY NOTIFY:	PHONE NUMBER:

DO NOT ANSWER ANY QUESTION IN THIS SECTION UNLESS THE BOX IS CHECKED

If the employer has checked the box next to the question, the information requested is needed for a legally permissible reason, including, without limitation, national security considerations, a legitimate occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination on the basis of age with respect to certain individuals. The laws of most States also prohibit some or all of the types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status or physical or mental handicap or disability

<input type="checkbox"/> [Redacted]	<input type="checkbox"/> [Redacted]
<input type="checkbox"/> [Redacted]	<input type="checkbox"/> How long at present address? _____ Years _____ Months How long at previous address? _____ Years _____ Months What was your previous address?
<input type="checkbox"/> Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If not, employment is subject to verification of minimum legal age.</small>	<input type="checkbox"/> Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If Yes, with what employer?</small>	<input checked="" type="checkbox"/> Have you ever been convicted of a crime which has not been expunged from your record? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> State names of relatives and friends working for us other than your spouse. _____ _____ _____ _____	<input checked="" type="checkbox"/> If you are applying for a position that involves driving on HPCT business, describe any and all traffic violations received in the last 7 years. _____ _____ _____ _____
<input type="checkbox"/> Are you currently using any drugs which are illegal to purchase or possess under either federal or state law and/or any prescription drugs which have been improperly or fraudulently obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No	

I understand that any misrepresentation or omission of any facts set forth in my application may lead to my dismissal whenever any misrepresentation or omission is discovered. I authorize an investigation of all information contained in this application and I specifically release from all liability HPCT and its officers, directors, employees and/or agents; and all persons, companies and corporations who may be contacted to verify or supplement any information I have provided.

Further, I understand that nothing in the application process is intended to create an employment contract and that no promises regarding employment have been made to me. I understand that if I am employed, it will be for no specific period of time and that this employment will be terminated at any time without notice for any reason or for no reason or cause. I understand that no supervisor or other management employee has the authority to alter this at-will relationship unless stated in a specific writing signed by me and an officer of the Hospice and Palliative Care of Tidewater

NOTICE: All applicants may be required to submit to a pre-employment drug screening prior to beginning employment with HPCT. Failure to submit to and/or authorize such testing may result in the applicant not being hired. Likewise, a positive test result on any drug test administered may result in an applicant not being hired.

CONSENT FOR RELEASE OF INFORMATION

This consent document is to provide Hospice and Palliative Care of Tidewater. (Hereinafter "HPCT") with full authority to investigate my background and suitability for employment. I hereby authorize and request the release to HPCT of any and all information regarding myself in the possession of any police department or other law enforcement agency, state or federal agency, department of motor vehicles, personnel representing any school I have attended, and any past or present employer. Any person or entity requiring my consent to release information in his/her or its control shall consider to have been provided by my signature hereon.

_____ Date _____ Signature of Applicant