



906 W. Ninth Street, CA 91786
 Tel #:(909) 252-7828 – Fax #: (909) 252-7829

GHC Hospice, Inc. is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status protected under local, state or federal laws.

| | | | | | |
|--|---|---------------|-------------------------|----------------------|--|
| Position(s) Applied For: | | | | Date of Application: | |
| Last Name: | | First Name: | | Middle Name: | |
| Address: | | | | City: | |
| State: | Zip Code: | Phone Number: | Alternate Phone number: | SS# (If available): | |
| How Did You Hear About Us? <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Employment Agency <input type="checkbox"/> Current Employee: _____ <input type="checkbox"/> Website <input type="checkbox"/> Other: _____ | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you legally eligible to work in the United States? <i>(Proof of eligibility will be required upon offer of employment)</i> | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you over the age of 18 years? <i>(If no, you may be required to provide authorization)</i> | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Can you with or without reasonable accommodation perform the essential functions of this job? <i>(If you have any questions about the functions of the job, please ask the interviewer before answering this question.)</i> | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever applied to GHC Hospice, Inc. before? <i>(If yes, please give date.)</i> _____ | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever worked for GHC Hospice, Inc. before? <i>(If yes, please give date.)</i> _____ | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever been convicted of a felony? <i>(A conviction will not necessarily disqualify you.)</i> If yes, please explain: _____ _____ _____ | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you have a valid driver's license? <i>(For driving positions only.)</i> | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you been convicted of any moving violations in the past five years? If yes, please explain: _____ _____ | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Is anyone related to you employed by GHC Hospice, Inc.? If yes, please give their name and relationship to you. _____ | | | | |

What salary or rate of pay do you expect to receive if employed? _____ per _____

Yes No

Have you ever been fired or asked to resign from a job?
If yes, please explain. _____

On what date would you be available to work? _____

Days and Hours Available: (If employed, I will notify my supervisor in writing, should my availability change.)

| Day | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|-----|--------|--------|---------|-----------|----------|--------|----------|
| AM | | | | | | | |
| PM | | | | | | | |

EDUCATIONAL BACKGROUND

| | Name and Location of School | Course of Study or Major | # of Years Completed | Diploma/ Degree |
|-------------|-----------------------------|--------------------------|----------------------|-----------------|
| Elementary | | | | |
| High School | | | | |
| College | | | | |
| Graduate | | | | |
| Vocational | | | | |

Please list any academic honors, scholarships, offices held, etc. (Do not list any which reflect your race, color, religion, gender, national origin, age, disabilities or veteran status.)

Describe any specialized training, apprenticeships, licenses or skills.

Have you received any job-related training in the United States Military? Yes No

Please give dates and explanation:

EMPLOYMENT HISTORY (Begin with current or most recent employer.) Do not exclude any employment. Include any applicable temporary employment attach another sheet if necessary. Previous salaries or wages will not be used to determine compensation at *GHC Hospice, Inc.*

| | | | | |
|-----------------------|--------------------|----|-------------------------------|-----|
| Company Name: | Employment Dates | | Salary | |
| | From | To | Start | End |
| Address: | | | Name and Title of Supervisor: | |
| Phone#: | Reason of Leaving: | | | |
| Describe your Duties: | | | | |
| | | | | |
| | | | | |

| | | | | |
|-----------------------|--------------------|----|-------------------------------|-----|
| Company Name: | Employment Dates | | Salary | |
| | From | To | Start | End |
| Address: | | | Name and Title of Supervisor: | |
| Phone#: | Reason of Leaving: | | | |
| Describe your Duties: | | | | |
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|-----------------------|--------------------|----|-------------------------------|-----|
| Company Name: | Employment Dates | | Salary | |
| | From | To | Start | End |
| Address: | | | Name and Title of Supervisor: | |
| Phone#: | Reason of Leaving: | | | |
| Describe your Duties: | | | | |
| | | | | |
| | | | | |

Please provide any other information that you feel will help us in considering your application for employment.

REFERENCES (Please list three persons, who are not related to you or previous supervisors, who can provide professional references.)

| Name | Address | Phone Number | Relationship/ Occupation | Years Known |
|------|---------|--------------|-----------------------------|-------------|
| | | | | |
| | | | | |
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APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by GHC Hospice, Inc. (hereinafter referred to as "GHC Hospice, Inc." that such employment with GHC Hospice, Inc. is at will, for no specified duration and may be terminated by either GHC Hospice, Inc. or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of GHC Hospice, Inc. or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of GHC Hospice, Inc. except the President has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the President of GHC Hospice, Inc.

In consideration for employment with GHC Hospice, Inc. if employed, I agree to conform to the rules, regulations, policies and procedures of GHC Hospice, Inc. at all times and understand that such obedience is a condition of employment. I understand that due to the nature of GHC Hospice, Inc. business, attendance and punctuality are considered essential requirements of every job at GHC Hospice, Inc. and that poor attendance or tardiness will result in disciplinary action.

I understand that if offered a position with GHC Hospice, Inc., I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to GHC Hospice, Inc. and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for three months. If I wish to be considered for employment after this period I must fill out and submit a new application.

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BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Signature

Date

Name and number of person completing this form if other than applicant:

GHC HOSPICE, INC. IS PROUD TO BE AN EQUAL OPPORTUNITY EMPLOYER. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, VETERAN STATUS OR ANY OTHER STATUS PROTECTED BY LAW.



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VERIFICATION OF EMPLOYMENT

GHC HOSPICE, INC, would greatly appreciate you completing the information requested below so we can complete our screening process of this applicant.

Attention: _____ Phone: _____

Facility Name: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Employment: From: _____ To: _____

AFFIDAVIT

This certifies that I authorize and released all named individuals and organizations to provide wage and employment history as requested by GHC Hospice, Inc., and hereby fully release said individual or organization as well as GHC Hospice, Inc., from all liability in issuing this information.

Print Full Name Title

Signature Date

Please rate according to the following:

E = Excellent G = Good F = Fair P = Poor U = Unsatisfactory

| | |
|----------------------------------|-------------------------------------|
| _____ Performance Nursing Skills | _____ Cooperation |
| _____ Quality of Work | _____ Professional Appearance |
| _____ Attendance | _____ Adaptability |
| _____ Initiative | _____ Relationship with other Staff |

Other proficiency: _____

Comments: _____

Reason for Leaving: _____

Would you hire this person? Yes No

If No, (explain): _____

Date of Employment: From: _____ To: _____

Completed By: _____ Title: _____ Date: _____



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Comments: _____

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Would you hire this person? Yes No

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Date of Employment: From: _____ To: _____

Completed By: _____ Title: _____ Date: _____

INTERVIEWER'S NOTES

Interviewed By: _____ Date: _____

Interviewer's Signature & Title: _____

Comments: _____

Interviewed By: _____ Date: _____

Interviewer's Signature & Title: _____

Comments: _____

APPROVED

| | |
|------------------------|---------------------------|
| Hire Date: _____ | Reinstatement Date: _____ |
| | Reinstatement Date: _____ |
| _____ | _____ |
| Human Resources | Date |
| _____ | _____ |
| Director/Administrator | Date |