

KLAMATH HOSPICE, INC.

APPLICATION FOR EMPLOYMENT

Date of Application _____

IMPORTANT: Applicants with disabilities may request any reasonable accommodation necessary to complete this application, or to take any test required for the position for which the applicant has applied, by making a request at the time of application or testing.

EQUAL EMPLOYMENT OPPORTUNITY. It is our policy to seek and employ the best qualified employees and to provide equal opportunity for the advancement of employees and to administer all of our employment policies in a manner that will not discriminate against any person because of race, color, religion, age, sex, marital or veteran status, national origin, ancestry, disability, on-the-job injuries, or any other legally protected status.

Date Available _____ Expected Pay Rate _____

Name _____
Last First MI Other Names Used

Present Address _____
Street City State Zip

Telephone _____
Residence Cell Other

Social Security No. *(If hired, you must have or obtain a social security number for payroll purposes)* _____ - _____ - _____

Are you 18 years of age or older? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever worked for Klamath Hospice before? Yes <input type="checkbox"/> No <input type="checkbox"/>
When are you available for work? <i>Check shift and days you can work.</i> <input type="checkbox"/> Days <input type="checkbox"/> Swing <input type="checkbox"/> Night <input type="checkbox"/> Rotating <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <i>(We will attempt to reasonably accommodate employees who require certain hours or days off because of religious beliefs or practices.)</i>	If you are hired, are you prepared to present evidence within three days of beginning work showing that you are legally authorized to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> Position(s) Applied for: 1 _____ 2 _____

RELATIVES/FRIENDS: Qualified relatives/friends are eligible for employment unless it creates a possible conflict of interest. **Do you have any relatives/friends who currently work for Klamath Hospice?** Yes No
 If yes, state name(s) _____

QUALIFICATIONS: Please list any education, training and/or specialized experience (such as schools; colleges; degrees; licenses; vocational, technical or military experience; hobbies, etc.) you feel would help you perform the work for which you are applying:

Degree, License, Relevant Education or Training	Where Acquired <i>(Name/address of school, program, military branch and specialty, etc.)</i>

DRIVING POSITIONS Do you have a valid driver's license? Yes No
(Answer only if driving is an essential function of the job.) If yes, please list License No./State of Issue: _____

EMPLOYMENT EXPERIENCE: Please account for all periods of employment by month/year, including any self-employment and military service (Attach another sheet if more space is needed).

Present or Last Employer	Phone	Hire Date	Date Left
Address	Supervisor	Reason for Leaving	

Job Title/Job Duties _____

EMPLOYMENT EXPERIENCE CONT.: Please account for all periods of employment by month/year, including any self-employment and military service (Attach another sheet if more space is needed).

Previous Employer	Phone	Hire Date	Date Left
Address	Supervisor	Reason for Leaving	
Job Title/Job Duties			

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Have you ever been terminated (or quit while facing possible termination or at an employer's request)? Yes No

If yes, please identify employer and explain circumstances:

VERIFICATION AND SIGNATURE:

1. I authorize the investigation of all matters which Klamath Hospice, Inc. (herein know as "the Agency") deems relevant to my qualifications for employment, including all information given in this application and in any attachments, supporting documents or interviews. I authorize the Agency to request and receive such information, and I agree to sign an Authorization and Consent form allowing an outside agency selected by the Agency to verify all of the information I have provided as well as any other information the Agency deems relevant to my qualifications or suitability for employment. I also release from all liability any current or former employers, other entities (schools, etc.) or persons (such as current or former supervisors, coworkers, etc.), supplying information, and I release the Agency from all liability which might result from making the investigation.
2. I certify that all of the information given in this application and in any attachments, supporting documents or interviews is (or will be) true and complete to the best of my knowledge. I understand and agree that any falsification, misrepresentation or omission, as well as any misleading statements or omissions, generally will result in denial of employment, withdrawal of any offer of employment, or immediate termination, regardless of when and how discovered.
3. I understand and agree that I may be required to submit to a pre- or post-employment physical or other professional examinations, medical inquiries and/or urinalysis for the presence of drugs and/or alcohol. **IMPORTANT: This means that with very few exceptions, an employee will be required to submit to testing in several different circumstances. I understand that I may ask to see copies of the Agency's applicant and employee alcohol and drug policies if I have any questions.** I agree to such examinations, inquiries and/or testing at the Agency's expense. I authorize release of the results to the Agency and their use to evaluate my suitability for employment. I also release the Agency from all liability arising out of or connected with any examinations, inquiries and/or testing.
4. I understand and agree that I may resign or be terminated, without cause or notice, at any time, unless otherwise stated in a written employment contract. I also understand and agree that only the Board of Directors is authorized to agree to any other terms and/or to enter into such contracts and that all such agreements for other terms of employment or contracts must be signed by both parties. I also understand and agree that unless otherwise stated in a written employment contract, the Agency may change, withdraw and interpret other policies (including wages, hours and working conditions) as it deems appropriate.
5. I understand and agree that if I am hired, the statements in these paragraphs will become a binding part of my employment relationship. I have read each of these statements. I have also reviewed all of the information provided in this application and in any attachments or supporting documents.

Yes No

Signature: _____

Date: _____

Unsigned or incomplete applications will not be processed