

Willamette Valley Hospice Application for Employment

Willamette Valley Hospice is an equal employment opportunity employer and does not discriminate on the basis of sex, age, race, color, religion, national origin, mental or physical disability, marital status or military service. No application will be rejected as a result of a disability that, with reasonable accommodation, allows performance of the essential job duties. All job offers are contingent upon passing a drug screening and a national criminal background check.

CONFIDENTIAL

Please complete all sections of the application and sign your initials and name on the last page where indicated.

Date _____

PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL
STREET ADDRESS	CITY/STATE/ZIP CODE	DATE YOU CAN START
HOME PHONE NUMBER	WORK PHONE NUMBER	CELL PHONE NUMBER
E-MAIL ADDRESS	POSITION APPLIED FOR	

LEVEL AND TYPE OF EDUCATION	SCHOOL NAME	CITY AND STATE	LAST YEAR COMPLETED	MAJOR OR EMPHASIS	DID YOU GRADUATE?
HIGH SCHOOL			__9 __10 __11 __12		__ YES __ NO
COLLEGE OR UNIVERSITY					DEGREE
OTHER SCHOOLS					CERTIFICATE OR LICENSE

SPECIAL SKILLS

Software Applications:

Other Skills:

EMPLOYMENT RECORD

Please list all your work experiences beginning with the most recent job held. Include military service as part of your employment record. **Attach as many additional sheets as necessary to give entire work history.**

Employer	Address
Telephone Number	Supervisor's Name
Job Title	Dates of Employment (month and year)
	From: _____ To: _____
Reason for Leaving	Essential Job Duties

Employer	Address
Telephone Number	Supervisor's Name
Job Title	Dates of Employment (month and year)
	From: _____ To: _____
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Employer	Address
Telephone Number	Supervisor's Name
Job Title	Dates of Employment (month and year)
	From: _____ To: _____
Reason for Leaving	Essential Job Duties

GENERAL INFORMATION

May we contact your present employer?	<input type="checkbox"/> yes <input type="checkbox"/> no
Do you have the legal right to work in the United States? (if hired, you will be required to provide identification to prove eligibility for employment)	<input type="checkbox"/> yes <input type="checkbox"/> no
Have you been employed or attended school using any other name? If yes, please indicate names previously used:	<input type="checkbox"/> yes <input type="checkbox"/> no
Are you able to perform the primary duties of the job as outlined in the position advertisement, announcement, posting, and job description, with or without reasonable accommodation? If no, please explain:	<input type="checkbox"/> yes <input type="checkbox"/> no
Do you have any employment restrictions resulting from a non-compete or confidentiality agreement? If yes, please explain:	<input type="checkbox"/> yes <input type="checkbox"/> no
Have you lived at your current address for the past 7 years? If no, please list all of your former addresses for the past 7 years (use the back of this form if necessary):	<input type="checkbox"/> yes <input type="checkbox"/> no
Where did you hear about us?	

ADDITIONAL INFORMATION:

Please use the space provided to list any additional employers, periods of time not worked, or any other information that you believe we should know in considering your application for employment.

Please read carefully, initial each paragraph and sign below:

_____ I certify that I have answered the above questions truthfully and have not withheld any information relative to my application. I understand that any falsification, misrepresentation, or omission, as well as any misleading statements or omissions of the application information, attachments, and supporting documents generally will result in denial of employment or immediate termination, if discovered after hire.

_____ I authorize Willamette Valley Hospice to thoroughly investigate my references, work record, initial education and other matters related to my suitability for employment, and further authorize the references to disclose to the company any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I release Willamette Valley Hospice, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I authorize Willamette Valley Hospice to investigate whether I have a criminal record of convictions, and, if so, the nature of such convictions and all the surrounding circumstances of the conviction. Willamette Valley Hospice has advised me that any criminal background check will focus on convictions, and that a criminal record will not necessarily disqualify me from employment.

_____ If hired, I recognize the rules and policies of Willamette Valley Hospice. I understand that my employment and compensation can be terminated at any time, with or without cause, and with or without notice, at the option of Willamette Valley Hospice or myself. I understand that the Executive Director of the company is the only person who will ever have the authority to create any other terms of employment and/or to enter into any employment contract and that all such contracts must be in writing and signed by both parties. I also understand that unless otherwise stated in an employment contract, the company may change, withdraw and interpret other policies (including wages, hours and working conditions) as it deems appropriate.

_____ I understand and acknowledge that I will be required to submit to a drug test. Additionally, I hereby authorize the release of the results of such an examination to Willamette Valley Hospice for their use in evaluating my suitability for employment. Further, I release the examining facility and Willamette Valley Hospice from any and all liability, and from any damage that may result from the release of such information.

Date

Signature

(Supplement to Willamette Valley Hospice Employment Application)

Important Information to Know Before Filling Out An Application for Employment With Willamette Valley Hospice

1. All areas of the application must be filled out completely and accurately. Please fill in the required information directly on the application and do not indicate “see resume”.
2. If you are offered a position with Willamette Valley Hospice, be aware that we may verify all of the information you have written on the application as well as your resume. If there is a discrepancy in your information, the job offer may be withdrawn. It is important to be sure what you have written is correct.
3. If you have any questions about completing the application, please contact our Human Resources Manager.

Thank you for your cooperation.

Applicant Acknowledgement

My signature below indicates that I have read and understand the importance of supplying accurate information on the application. I am also aware of the possibility of an offer of employment being withdrawn if any of the information is not correct.

Signature of Applicant

Date

