

PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE

## Resolutions Hospice

### Employment Application

*Applicants may be tested for illegal drugs*

<b>PLEASE COMPLETE PAGES 1-5.</b>		DATE _____
Name _____		
Last	First	Maiden
Present address _____		
State	Zip	City
How long _____		Social Security No. _____ - _____ - _____
Telephone (____) _____		
If under 18, please list age _____		
Position applied for (1) _____		Days/hours available to work
and salary desired (2) _____		No Pref _____ Thur _____
(Be specific)		Mon _____ Fri _____
		Tue _____ Sat _____
		Wed _____ Sun _____
How many hours can you work weekly? _____		Can you work nights? _____
Employment desired <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> PRN		
When available for work? _____		

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?     No                                       Yes

A conviction will not necessarily disqualify an applicant from employment. If yes, give location, date, charge and disposition of case(s). \_\_\_\_\_

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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 \_\_\_\_\_ 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.

Large empty rectangular box for providing additional information.

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## Employment Application

**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. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job 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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**Resolutions Hospice**

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May we contact your present employer?    Yes       No

Did you complete this application yourself    Yes       No

If not, who did? \_\_\_\_\_

**PLEASE READ CAREFULLY**

**EMPLOYMENT APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by Resolutions Hospice (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Resolutions Hospice, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /Chief Executive Officer of the Company. The undersigned and Resolutions Hospice may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy.

I understand that the Company will check motor vehicle records, State of Texas criminal history records and verify licensing with state and/or federal regulatory agencies. I understand that the company will check the nurse aide registry and employee misconduct registry for all unlicensed candidates and an employee may not be employed with the agency if listed in the registry. I further understand that any offer of employment is contingent on satisfactory results from each.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant \_\_\_\_\_ Date: \_\_\_\_\_

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

**Thank you for completing this application form and for your interest in our business.**

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*Resolutions Hospice*

**POST EMPLOYMENT INFORMATION FORM**

**TO BE COMPLETED AFTER EMPLOYEE HAS BEEN HIRED**

Birth date \_\_\_\_\_

Married  Yes  No      If married, how long? \_\_\_\_\_  Single  Separated  Divorced  Widowed

Full name of spouse \_\_\_\_\_ Occupation \_\_\_\_\_

Name of company \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

**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 _____	
Location _____	Rate of pay _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> PRN
Applicant's signature acknowledging above information _____		
Name of person verifying information _____		
Name of person authorizing employment _____		

### Applicant Selection Criteria Record

<b>JOB TITLE</b>			
CANDIDATES CONSIDERED (INCLUDING MINORITIES AND FEMALES)			
NAME	MALE/ FEMALE	ETHNIC CODE*	ON LAB SECTION/ OFF LAB


**\*ETHNIC CODES: 1-BLACK, 2-ORIENTAL, 3-HISPANIC, 4-AMERICAN INDIAN, 0-OTHER**

**CANDIDATE SELECTED**

NAME	MALE/ FEMALE	ETHNIC CODE	SOURCE

**SELECTION CRITERIA**


**REASONS CANDIDATE SELECTED WAS PREFERABLE TO OTHERS**


	<b>ORIGINATOR'S SIGNATURE</b>	<b>DATE</b>
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