

Additional Information:

- 1) Please indicate your availability: Full Time Part Time PRN (as needed) Nights Days
 If part time or PRN, please list availability: _____
- 2) Date you are available to start work: ___/___/___ Please indicate your desired compensation range? _____
- 3) Are you able to perform the essential functions of the job(s) for which you are applying with or without an accommodation? Yes No
- 4) Have you ever been terminated or asked by an employer to voluntarily resign your employment? Yes No
 If yes, please explain each: _____
- 5) Are you at least 18 years of age? Yes No _____
- 6) If you are currently employed, may we contact your current employer? Yes No
- 7) Are you legally eligible for employment in the United States? Yes No
- 8) Are you currently, or have you ever enrolled in the Intervention Project for Nurses (IPN)? Yes No
- 9) Have you signed a non-compete, non-piracy or similar agreement and/or contract with a former employer in the last two years? Yes No
 If yes, please provide a copy of the agreement.

Question	Yes	No	When applicable, please provide additional information
Are any of your relatives or domestic partners employed by Haven Hospice?			If yes, state name, relationship, & department:
Have you ever applied for employment with Haven Hospice?			Date: ___/___/___
Have you ever been employed by Haven Hospice or an affiliate: AvMed, The Village, or SantaFe Health Care?			Dates: From ___/___/___ To ___/___/___

Education:

Name and Location of High School: _____
 Did you earn: Diploma GED None If you answered none, please indicate highest level completed: _____

Additional Education/Training:

Name of Institution: <small>College, University, Professional School, Vocational, Trade, Government, Military, etc.</small>	Location (City, State)	Major/Minor or Course of Study	Please list any degree, license, or certificate earned.

For LPN's Only: Have you completed IV Certification (30 hour course)? Yes No

Licensure, Certification, Registration:

License, Certificate, or Registration	Number	___/___/___	___/___/___	State / Licensing Agency
Date Received	Expiration Date			
License, Certificate, or Registration	Number	___/___/___	___/___/___	State / Licensing Agency
Date Received	Expiration Date			

Professional References:

Name	Phone Number	Occupation

Employment History:

- Please describe your work experience for the last **15** years beginning with your current or most recent job.
- Please fill out the entire box for each employer.
- This application will not be considered complete if information is missing from this section.
- You may attach your resume in order to provide additional information, but attaching your resume cannot substitute for filling out this section of the application.
- Please indicate and offer a brief explanation for each gap in employment.

Name of Present or Last Employer: _____

Address: _____
Street (Suite #) City State Zip

Phone #: _____ - _____ - _____ Employed From: ____ / ____ To: ____ / ____ (month/year) FT PT PRN

Your job title: _____ Supervisor's Name: _____

Duties & Responsibilities: _____

Reason for Leaving: _____ Compensation: Starting _____ Ending _____

Name of Next Previous Employer: _____

Address: _____
Street (Suite #) City State Zip

Phone #: _____ - _____ - _____ Employed From: ____ / ____ To: ____ / ____ (month/year) FT PT PRN

Your job title: _____ Supervisor's Name: _____

Duties & Responsibilities: _____

Reason for Leaving: _____ Compensation: Starting _____ Ending _____

Name of Next Previous Employer: _____

Address: _____
Street (Suite #) City State Zip

Phone #: _____ - _____ - _____ Employed From: ____ / ____ To: ____ / ____ (month/year) FT PT PRN

Your job title: _____ Supervisor's Name: _____

Duties & Responsibilities: _____

Reason for Leaving: _____ Compensation: Starting _____ Ending _____

Name of Next Previous Employer: _____

Address: _____
Street (Suite #) City State Zip

Phone #: _____ - _____ - _____ Employed From: ____/____/____ To: ____/____/____ (month/year) FT PT PRN

Your job title: _____ Supervisor's Name: _____

Duties & Responsibilities: _____

Reason for Leaving: _____ Compensation: Starting _____ Ending _____

Name of Next Previous Employer: _____

Address: _____
Street (Suite #) City State Zip

Phone #: _____ - _____ - _____ Employed From: ____/____/____ To: ____/____/____ (month/year) FT PT PRN

Your job title: _____ Supervisor's Name: _____

Duties & Responsibilities: _____

Reason for Leaving: _____ Compensation: Starting _____ Ending _____

Volunteer Experience:

Name & Address of Organization	Period of Service (month/year)	Type of Organization	Responsibilities
	From: ____/____/____ To: ____/____/____		
	From: ____/____/____ To: ____/____/____		
	From: ____/____/____ To: ____/____/____		

Statement of Acknowledgment:

I acknowledge that I have read this Application for Employment, including the Instructions for Completing the Application for Employment. I acknowledge that I understood each and every question that was asked of me in the Application for Employment. I acknowledge that I was given the opportunity by Haven Hospice to ask questions regarding the Application for Employment and the hiring process. _____/Initial

I acknowledge that if Haven Hospice employs me, I will be free to leave Haven Hospice at any time for any reason and that Haven Hospice is free to separate my employment at any time and for any reason without prior notice. I understand that this is called "employment at will," and no one other than an officer of Haven Hospice has the authority to alter this arrangement, to enter into an agreement for employment for a specified period of time, and/or to make any agreement contrary to the at-will nature of my employment. Furthermore, I understand that any such agreement that is contrary to the at-will nature of my employment must be in writing signed by an officer of Haven Hospice. _____/Initial

I acknowledge and understand that if I am offered a position by Haven Hospice, the job offer is contingent on my satisfactory completion of a drug screen analysis, background investigation, a job-related medical evaluation, proof of my legal identification and authorization to work in the United States. _____/Initial

I acknowledge and affirm that the answers I have provided in this Application for Employment are true and accurate. I further acknowledge that I have not withheld any information that was requested of me in this Application for Employment. I also understand that all statements made by me in connection with my application for employment are true and correct and may be checked by Haven Hospice. I authorize Haven Hospice to contact my prior employers, including each of those employers listed above, and other sources information regarding my background. I hereby authorize and direct each such employer and source of information to answer any and all questions regarding my prior employment and background. I hereby agree to indemnify Haven Hospice and further agree to hold it harmless from any claims arising from this authorization and direction. I understand and acknowledge that any misrepresentations, false statements, and/or omissions made by me in completing this Application for Employment may result in my not being considered for employment by Haven Hospice and/or may lead to disciplinary action, up to and including the separation of my employment if discovered by Haven Hospice after I have been hired. _____/Initial

Applicant Signature: _____

Date: ____/____/____