



◆ 1606 Kanawha Blvd., W ◆ Charleston, WV 25387 ◆ (304) 768-8523 ◆ (800) 560-8523 ◆

Application for Employment

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Name: _____ Social Security #: _____
Last First Middle

Address: _____
Street City State Zip Code

Telephone #: () _____ Mobile/Beeper/Other Phone #: _____

Position(s) applied for: _____ Date of application: _____

Referral Source (Please check the appropriate category and name the source.)

- Walk-In _____
- Employee _____
- Advertisement _____
- Company's Website _____
- Job Fair _____
- School _____
- Staffing Agency _____
- Other _____

Location interested in working at: (Check all that apply)

- Hubbard Hospice House West (So Charleston) Boone Office (Madison) Greenbrier Office (Lewisburg)
- Hubbard Hospice House (Charleston) Patrick Street Office (Charleston) Nicholas Office (Summersville)
- Adult Day Care (Charleston)

If necessary, best time to call you at home is _____ am/pm.

May we contact you at work?..... Yes No

If **yes**, work number and best time to call: () _____ - _____ am/pm

If you are under 18 and it is required, can you furnish a work permit? Yes No

If **no**, please explain: _____

Have you submitted an application here before? Yes No

Have you ever been employed here before? Yes No

If **yes**, give date(s) and position(s): _____

Are you legally eligible for employment in this country? ... Yes No

Date available for work:..... _____

What is your desired salary range or hourly rate of pay? \$ _____ Per _____

Type of employment desired: Full-Time Part-Time Seasonal Temporary

Employer _____

Telephone # _____

Street Address _____

City _____

State _____

Starting job title/final job title _____

Immediate supervisor and title (for most recent position held) _____

May we contact for reference? _____

Yes

No

Later

Why did you leave? _____

Summarize the type of work performed and job responsibilities. _____

What did you like the most about your position? _____

What were the things you liked least about the position? _____

Dates employed: ____/____/____ to ____/____/____ Compensation (Starting) \$ _____ Per _____

Compensation (Final) \$ _____ Per _____

Hourly

Salary

Commission/Bonuses/Other Compensation \$ _____

Employer _____

Telephone # _____

Street Address _____

City _____

State _____

Starting job title/final job title _____

Immediate supervisor and title (for most recent position held) _____

May we contact for reference? _____

Yes

No

Later

Why did you leave? _____

Summarize the type of work performed and job responsibilities. _____

What did you like the most about your position? _____

What were the things you liked least about the position? _____

Dates employed: ____/____/____ to ____/____/____ Compensation (Starting) \$ _____ Per _____

Compensation (Final) \$ _____ Per _____

Hourly

Salary

Commission/Bonuses/Other Compensation \$ _____

Employer _____

Telephone # _____

Street Address _____

City _____

State _____

Starting job title/final job title _____

Immediate supervisor and title (for most recent position held) _____

May we contact for reference? _____

Yes

No

Later

Why did you leave? _____

Summarize the type of work performed and job responsibilities. _____

What did you like the most about your position? _____

What were the things you liked least about the position? _____

Dates employed: ____/____/____ to ____/____/____ Compensation (Starting) \$ _____ Per _____

Compensation (Final) \$ _____ Per _____

Hourly

Salary

Commission/Bonuses/Other Compensation \$ _____

Employment History (Continued)

Explain any gaps in your employment, other than those due to personal illness, injury or disability.

If not addressed on previous page, have you ever been fired or asked to resign from a job? Yes No
If yes, please explain:

Skills and Qualifications

Please use the space below for any additional information necessary to describe your full qualifications (i.e., specialty areas such as ICU, OB/GYN, special equipment, typing speed, computer software programs).

Do you speak, read or write in any other language other than English? Yes No
If yes, please describe:

Education and Training

<i>Name of School and Address</i>	<i>No. of Years</i>	<i>Course/Major</i>	<i>Diploma/Degree</i>

Professionals and Technical Applicants Only

<i>Professional License No.</i>	<i>Type of License</i>	<i>Place of Issue</i>	<i>Expiration Date</i>

Membership in professional organizations: If you are licensed, has your license ever been suspended or revoked or are you currently involved in any proceeding that could affect your license or certification?

..... Yes No

If yes, please give date, location, and disposition of your case: _____

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.

<i>Name</i>	<i>Title</i>	<i>Relationship</i>	<i>Telephone</i>	<i># Years Known</i>

Related Information

To what job-related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

<i>Organization</i>	<i>Offices Held</i>

List special accomplishments, publications, awards, etc.

Exclude information that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

In your current or a prior job, have you ever written instructions or directions to be followed by employees or customers? Yes No Not Applicable

If yes, please explain: _____

Is there any other job-related information you want us to know about you? _____

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume' or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating and applicant from consideration for employment on any basis prohibited by applicable local, state, federal law.

I understand that this application remains currently for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment in the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. This Company likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate, or non-employee (such as vendor or customer). The Company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

I understand that and information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date _____

EMPLOYMENT REFERENCE REQUEST

Kanawha HospiceCare, Inc.
 1606 Kanawha Blvd., W.
 Charleston, WV 25387

Applicant Information

LAST	FIRST	M.I.
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SOCIAL SECURITY NO.									
			-			-			
NOT REQUIRED. WILL BE USED FOR SYSTEMS SEARCH.									

In executing this authorization, I give Kanawha HospiceCare Inc. permission to make a thorough investigation of my employment and job performance history. I authorize and release from liability or responsibility of persons, companies, schools and municipalities supplying information regarding this reference request.

Applicant's Signature

Date

The above referenced individual has applied for the position of _____ within our company. We are requesting that you complete this form and return it to our Human Resources Department. All information provided will be kept confidential. If you have any questions or comments you may contact our Human Resources Department at 304-768-8523, or CONFIDENTIAL FAX: 304-720-3536. Thank you for your cooperation.

Applicant name if different than stated above: _____

Rate of Pay or Last Rate of Pay: _____

Position(s) held: _____

Dates of employment: _____ to _____

Employment Status: (circle one) FULL TIME, PART TIME, TEMPORARY, PER DIEM.

Reason for leaving: _____

Would you Re-Employ? _____ YES _____ NO. If NO, why not? _____

Please rate the applicant on the following:

Please Score:	POOR	FAIR	GOOD	EXCELLENT
Ethical Conduct				
Quality of Work				
Quantity of Work				
Teamwork				
Initiative				
Comments:				

Name: _____ Date: _____

Company Name: _____ Title: _____

DISCLOSURE AND AUTHORIZATION
IMPORTANT— PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Kanawha Hospice Care, Inc. ("the Company" or "Employer") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with employers and/or associates. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Employment Background Investigations, Inc. (EBI), P.O. Box 629, Owings Mills, MD 21117, 1-800-324-7700. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. The scope of this notice and authorization is all-encompassing, however, allowing Employer to obtain from EBI all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified above directly. By signing below, you also acknowledge receipt of Article 23-A of the New York Corrections Law.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, local, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information (including, but not limited to, driving and/or motor vehicle records, transcripts, grades and attendance records, employment history, salary information and references, workers compensation reports in Pennsylvania, Arizona and in all other states, drug and alcohol testing results) requested by EBI acting on behalf of Employer, and/or Employer itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants or employees only: By signing below you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law.

Applicant Signature _____ Date: ____/____/____

NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW

Employer (the "Company") intends to obtain information about you from an investigative consumer reporting agency and/or a consumer credit reporting agency for employment purposes. Thus, you can expect to be the subject of "investigative consumer reports" and "consumer credit reports" obtained for employment purposes. Such reports may include information about your character, general reputation, personal characteristics and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency ("ICRA"), the Company may investigate the information contained in your employment application and other background information about you, including but not limited to obtaining a criminal record report, verifying references, work history, your social security number, your educational achievements, licensure, and certifications, your driving record, and other information about you, and interviewing people who are knowledgeable about you. The results of this report may be used as a factor in making employment decisions. The source of any investigative consumer report (as that term is defined under California law) will be Employment Background Investigations, Inc., P.O. Box 629, Owings Mills, MD 21117, 1-800-324-7700. The source of any credit report will be TransUnion P.O. Box 1000, Chester, PA 19022, 1-800-888-4213.

The Company agrees to provide you with a copy of an investigative consumer report when required to do so under California law.

Under California Civil Code section 1786.22, you are entitled to find out from an ICRA what is in the ICRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.
 - A summary of all information contained in the ICRA's file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
 - By requesting a copy be sent to a specified addressee by certified mail. ICRA's complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRA's.
- "Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity. The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection. You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person's presence.

Applicant Signature _____ Date: ____/____/____

TO BE COMPLETED BY APPLICANT

The Following Information Is True And Correct To The Best Of My Knowledge And Will Be Used For Background Screening Purposes Only.
 Please Use an Ink Pen and Print Clearly. Use "UPPER CASE" Letters. One Letter Per Block.

Last Name												Middle Name																							
First Name																																			
Other Last Names Used																																			
Current Address												Apt.																							
City												St.												Zip											
Social Security No.																																			
Driver's License No.												St.												e-Mail Address											
Home Phone:												Cell Phone:																							
State				County				Zip Code				Fm (Yr)		To (Yr)		State				County				Zip Code				Fm (Yr)		To (Yr)					
Other States and Counties I Have Lived																																			
1												3																							
2												4																							