Clear Form

HospiceCare Comfort. Dignity. Peace.

PalliativeCare Center Consulting & Education

HomeHealth of West Virginia

♦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: _____ West Virginia _____
Street City State Zip Code

Telephone# _____ Mobile/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 ☐ Patrick Street Office/Outlying Counties ☐ Palliative Care
☐ Greenbrier Office (Lewisburg) ☐ Peyton Hospice House (Lewisburg) ☐ Home Health

If necessary, best time to call you at home is …… 7:00 am

May we contact you at work?…….... ○ Yes ○ No
If **yes**, work phone number _____ and best time to call: 7:00 am

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 Hour

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

Type of work schedule interested in: (Check all that apply.)

☐ Days (1st Shift) ☐ Evenings (2nd Shift) ☐ Nights (3rd Shift) ☐ Pool
☐ Weekends ☐ Split Shift ☐ Rotating Shift ☐ Overtime

Will you relocate if job requires it? ..... ◯ Yes ◯ No
Will you travel if job requires it? ..... ◯ Yes ◯ No

If they have been explained to you, are you able to meet the attendance requirements of the position? ..... ◯ Yes ◯ No ◯ N/A

Will you work overtime if required?..... ◯ Yes ◯ No ◯
If **no**, please explain: _____

Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

◯ Yes ◯ No ◯ Need more information about the job's "essential functions" to respond

Driver's license number required if driving may be required in the job for which you are applying:
_____ State West Virginia

Have you ever been bonded? ..... ◯ Yes ◯ No

Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pleaded "guilty" or "no contest" to, or been convicted of a crime? … ◯ Yes ◯ No
If **yes**, please provide date(s) and details: _____

Have you entered into an agreement with any former employer or other party (such as a non-competition agreement) that might, in any way, restrict your ability to work for our company? … ◯ Yes ◯ No
If **yes**, please explain: _____

Employment History

Starting with your most recent employer, provide the following information.

Employer _____ Telephone # _____

Street Address _____ City _____ State West Virginia

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* Year

Compensation (Final) $ _____ *Per* Year

Hourly ◯ *Salary* ◯ *Commission/Bonuses/Other Compensation $* _____

Employer

Telephone #

Street Address

City

State West Virginia

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* Year

Compensation (Final) $ _____ *Per* Year

Commission/Bonuses/Other Compensation $ _____

Hourly *Salary*

Employer

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Street Address

City

State West Virginia

Starting job title/final job title

Immediate supervisor and title (for most recent position held)

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Compensation (Final) $ _____ *Per* Year

Commission/Bonuses/Other Compensation $ _____

Hourly *Salary*

Employer

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Street Address

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State West Virginia

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* Year

Compensation (Final) $ _____ *Per* Year

Commission/Bonuses/Other Compensation $ _____

Hourly *Salary*

Employment History (Continued)

Explain any gaps in your employment, other that 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 writer in any other language other than English? …… ◯ Yes ◯ No

If **yes**, please describe:

Education and Training

Name of School and Address	*No. of Years*	*Course/Major*	*Diploma/Degree*

Professionals and Technical Applicants Only

Professional License No.	*Type of License*	*Place of Issue*	*Expiration Date*

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.

Name	*Title*	*Relationship*	*Telephone*	*# Years Known*

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.

Organization	*Offices Held*

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	Middle

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: 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: _____

Email HR