



EMPLOYMENT APPLICATION

Form Initial EA

(EOE) Equal Opportunity Employer

Solace Hospice is committed to ensuring equal employment opportunities for all job applicants and employees. Employment decisions are based upon job-related reasons regardless of an applicant's race, color, religion, national origin, marital status, age, disability, veteran status, sexual orientation or any other protected status.

Personal Information

Date Completed: / /

Last Name	First Name	MI	Home Phone ()
Mailing Address	City	State	Zip Code
Email Address	Are you at least 18 years old? <input type="checkbox"/> NO <input type="checkbox"/> YES		Are you legally entitled to work in the U.S.? <input type="checkbox"/> NO <input type="checkbox"/> YES
Do any relatives work for Solace Hospice or another Georgia Palliative Care entity? <input type="checkbox"/> NO <input type="checkbox"/> YES			
If yes, provide name(s) and relationship:			

Employment Desired

Position being applied for:	<u>Will Accept:</u> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> PRN <input type="checkbox"/> Temporary	<u>Shift Preferred:</u> First Shift <input type="checkbox"/> Second Shift <input type="checkbox"/> Third Shift <input type="checkbox"/> Any Shift <input type="checkbox"/> Other	<u>How did you hear about the position?</u> <input type="checkbox"/> Walked in to apply <input type="checkbox"/> Friend/Relative <input type="checkbox"/> CareerBuilder <input type="checkbox"/> Monster <input type="checkbox"/> Other on-line media (list website below) <input type="checkbox"/> Classified Ad (list publication below) <input type="checkbox"/> Radio Ad (list station below) <input type="checkbox"/> Employee of facility (list name below) Other (explain below) <u>7xplain here:</u> Professional network relationship
Date you can start: Minimum Salary requirement:	Are you currently employed? <input type="checkbox"/> NO <input type="checkbox"/> YES		
Have you ever worked for Solace Hospice or another Georgia Palliative Care entity? <input type="checkbox"/> NO <input type="checkbox"/> YES		If so, can we contact your employer? <input type="checkbox"/> NO <input type="checkbox"/> YES	
If worked for Solace Hospice or GPC entity, list the facility name(s) and dates employed below:			

Education

Type of School	Name and location (city, state) of school	Number of years attended	Did you graduate?	Subjects studied
High School				
Trade or Technical School				
College/University				
Occupational License, Certificate or Registration Title		Number	Where issued	Expiration Date
Occupational License, Certificate or Registration Title		Number	Where issued	Expiration Date
Special Skills				

Veteran Information

Branch of Service	Date of Entry	Date of Discharge
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References

Provide the names of three (3) professional references who are familiar with the quality of your work, have worked directly with you and have known you for at least one (1) year.

Name	Address	City, State, Zip	Phone Number	Business	Years Acquainted

Employment History (most recent employer first)

Describe ALL work experience in detail, beginning with your current or most recent job. Include internships and job-related volunteer work. If you have had more than six (6) jobs since you began working, attach additional sheets, using the same format as the application. All information in this section must be completed. Resume may be attached to provide additional information.

#1 - PRESENT OR LAST EMPLOYER

Employer Name		Phone Number ()		From (Month/Year)
Address		City	State	Zip Code
Your Job Title		Specific duties		Last Salary
Reason for leaving				Supervisor Name

#2 - NEXT PREVIOUS EMPLOYER

Employer Name		Phone Number ()		From (Month/Year)
Address		City	State	Zip Code
Your Job Title		Specific duties		Last Salary
Reason for leaving				Supervisor Name

#3 - NEXT PREVIOUS EMPLOYER

Employer Name		Phone Number ()		From (Month/Year)
Address		City	State	Zip Code
Your Job Title		Specific duties		Last Salary
Reason for leaving				Supervisor Name

#4 - NEXT PREVIOUS EMPLOYER

Employer Name		Phone Number ()		From (Month/Year)
Address		City	State	Zip Code
Your Job Title		Specific duties		Last Salary
Reason for leaving				Supervisor Name

#5 - NEXT PREVIOUS EMPLOYER

Employer Name		Phone Number ()		From (Month/Year)
Address		City	State	Zip Code
Your Job Title		Specific duties		Last Salary
Reason for leaving				Supervisor Name

#6 - NEXT PREVIOUS EMPLOYER

Employer Name		Phone Number ()		From (Month/Year)
Address		City	State	Zip Code
Your Job Title		Specific duties		Last Salary
Reason for leaving				Supervisor Name

Background Information

NOTE: Your answer to the following question will not automatically disqualify you from employment with our organization. We consider each case based upon its own merit, and in accordance with state law and the duties of the position for which you apply. However, a dishonest or misleading answer to this question will result in your not being considered for employment, or if the dishonesty is discovered after you have been hired, it will be considered grounds for immediate termination.

Have you ever been convicted of a misdemeanor or felony crime (do not include any speeding or parking infractions)? (NOTE: If you are answering "NO" to this question because you believe your criminal record has been expunged; please make certain that your record has been properly expunged by the court or the appropriate law enforcement agency. If it has not been expunged, it will show up as part of our criminal background check and be considered in making our employment decision.)

YES NO

If YES, provide date(s), place of, and explanation of conviction(s). List any additional convictions on the back of this page.

Date	City, State of Conviction	Explanation
Date	City, State of Conviction	Explanation
Date	City, State of Conviction	Explanation

How long have you been a resident of the state where you currently reside?

If you have lived in the state less than one (1) year, where did you previously reside?

Certification

I certify that all the information I have submitted on this employment application is true, correct, complete and made in good faith. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am hired, may be grounds for termination at time of discovery. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies and other individuals and organizations for employment purposes to authorized employees of Ark Hospice. I understand that if I am hired this consent shall continue to be effective during my employment.

In consideration of my employment, I agree to conform to the company's rules and regulations. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or contract unless such change is specifically acknowledged in writing by an authorized executive of this organization.

Signature:	Date:
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OFFICE ONLY WRITE BELOW THIS LINE

Interviewed by:	Date:
Remarks:	