



## EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Date: \_\_\_\_\_

### APPLICANT INFORMATION

Last Name	First Name	Middle Name
Address	City	State, Zip
Home Phone	Cell Phone	Email

### POSITION DESIRED

First Choice	Second Choice
Are you interested in applying for	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> On-call/Per Diem <input type="checkbox"/> Temporary <input type="checkbox"/> Volunteer	
What days and hours are you available for work?	
If applying for temporary work, during what period of time will you be available?	
From: _____ To: _____	
Are you available for work on weekends? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Would you be available to work over-time if necessary? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If hired, what date can you start work? _____	

### PERSONAL INFORMATION

How did you hear about this opening?
<input type="checkbox"/> Online ad <input type="checkbox"/> Friend <input type="checkbox"/> Employee <input type="checkbox"/> Other: _____
Do you have any family members who are currently working for Yolo Hospice?
<input type="checkbox"/> No <input type="checkbox"/> Yes    If yes, who? _____ <small>We may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision, security, safety or morale, or if doing so could create conflicts of interest.</small>
Have you ever applied to or worked for Yolo Hospice before?
<input type="checkbox"/> No <input type="checkbox"/> Yes    If yes, when? _____
If hired, would you have a reliable means of transportation to and from work?
<input type="checkbox"/> No <input type="checkbox"/> Yes
Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.)
<input type="checkbox"/> No <input type="checkbox"/> Yes



Are you able to perform the functions of the job for which you are applying, either with or without reasonable accommodation?

No  Yes

If no, please describe the functions that cannot be performed.

Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.

If hired, can you furnish proof that will verify employment eligibility in the U.S.?

No  Yes

Why are you applying for work at Yolo Hospice?

**LICENSES**

Health Professional License #

Driver's License #

Do you have all licenses and professional certifications listed in the job advertisement or job description that are necessary to perform the job for which you are applying?

No  Yes  N/A

If no, please explain:

In which state(s) are you licensed?



**EDUCATIONAL BACKGROUND**

	High School	College/University	Graduate/Professional
School Attended			
Years Completed	9 10 11 12	1 2 3 4	1 2 3 4
Did you graduate?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Describe course of study and/or degree earned:			

**SPECIAL SKILLS AND QUALIFICATIONS**

Please describe any special job-related skills, training, honors, professional trade, business or civic activities and/or offices held. *(You may exclude memberships which would reveal sex, sexual orientation, race, religion, national origin, age, ancestry, disability or other protected status.)*

**PROFESSIONAL REFERENCES**

Please list three professional references who are **not** related to you and are familiar with your job performance in the past three years.

Name	Address	Phone Number	# of Years Acquainted



**EMPLOYMENT EXPERIENCE**

Start with your present or most recent job. (Do not go back more than five years.) If you need additional space, please continue on a separate sheet of paper. You must complete this section even if attaching a resume.

Employer		Dates Employed:	From	To
Phone Number		Summary of Duties		
Address				
Job Title	Supervisor (name and phone #)			
Reason for Leaving				
May we contact this employer for a reference? <input type="checkbox"/> No <input type="checkbox"/> Yes				

Employer		Dates Employed:	From	To
Phone Number		Summary of Duties		
Address				
Job Title	Supervisor (name and phone #)			
Reason for Leaving				
May we contact this employer for a reference? <input type="checkbox"/> No <input type="checkbox"/> Yes				

Employer		Dates Employed:	From	To
Phone Number		Summary of Duties		
Address				
Job Title	Supervisor (name and phone #)			
Reason for Leaving				
May we contact this employer for a reference? <input type="checkbox"/> No <input type="checkbox"/> Yes				



Yolo Hospice is an equal opportunity employer and complies with applicable laws against discrimination because of race, color, age, religion, national origin, sex, sexual orientation, disability (which does not prevent performance of the essential functions involved) or veteran status. Yolo Hospice has adopted a no-smoking policy which requires that all employees refrain from smoking or using tobacco products during working time and/or while on the premises except in the designated outdoor smoking areas. Yolo Hospice is a Drug Free Workplace.

**APPLICANT'S STATEMENT**

_____	I certify that answers given herein are true and complete to the best of my knowledge.		
Initials			
_____	I authorize investigation of all statements contained in this application for employment as may be deemed necessary in arriving at an employment decision. I authorize Yolo Hospice to communicate with current/previous employers.		
Initials	Therefore, I consent to and authorize Yolo Hospice to obtain reference information pertaining to my prior work experience(s). I also authorize all persons and institutions mentioned on my employment application to give information about me to Yolo Hospice relative to my possible future employment. I do hereby release all current/previous employers, schools attended, and Yolo Hospice from all liability in regard to the final outcome(s) due to the transmission of reference information.		
_____	I authorize Yolo Hospice and/or its agents to investigate and obtain information from law enforcement and other government agencies, military authorities and private companies concerning my conduct including driving record, criminal violations, credit reporting agencies (concerning my credit history) and financial institutions. Under the Federal Fair Credit Reporting Act, I understand that I will be advised and given the name of the reporting agency for more information.		
Initials			
_____	This application for employment shall be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.		
Initials			
_____	In the event of my employment, I understand that later discovery by Yolo Hospice of false or misleading information given on my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Yolo Hospice.		
Initials			
_____	I understand and agree that all employment with Yolo Hospice is "at will," meaning that if I am hired, either Yolo Hospice or I may terminate my employment at any time with or without cause or notice.		
Initials			
<table border="1" style="width: 100%;"> <tr> <td style="width: 70%; text-align: center;">Signature of Applicant</td> <td style="width: 30%; text-align: center;">Date</td> </tr> </table>		Signature of Applicant	Date
Signature of Applicant	Date		