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| Hospice of laurens county, incEmployment Application | Description: Description: biger text logo.png |

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| Applicant Information |
| Last Name |  | First |  | M.I. | Date |  |
| Street Address |  | Apartment/Unit # |  |
| City |  | State |  | ZIP |  |
| Phone |  | E-mail Address |  |
| Date Available |  | Social Security No. |  | Desired Salary |  |
| Position Applied for |  |
| Do you prefer: | Full Time [ ]  | Part Time [ ]  | PRN [ ]  |  Can you work: | Evenings [ ]  | Weekends [ ]  |
| Will you work overtime? | YES [ ]  | NO [ ]  | If so, what kind of notice will you need?  |  |
| Are you a citizen of the United States? | YES [ ]  | NO [ ]  | If no, are you authorized to work in the U.S.? | YES [ ]  | NO [ ]  |
| Have you ever worked for Hospice of Laurens County? | YES [ ]  | NO [ ]  | If so, when? |  |
| Are you related to anyone employed at Hospice of Laurens County? | YES [ ]  | NO [ ]  | If so, whom? |  | Relationship? |  |
| Are you currently excluded from participating in Medicare, Medicaid and all other Federal health care programs? | YES [ ]  | NO [ ]  |
| Have you ever been convicted or plead guilty to a felony or misdemeanor charge? | YES [ ]  | NO [ ]  | If yes, give dates and explain. |  |
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| Have you ever been discharged or asked to resign from a job? | YES [ ]  | NO [ ]  | If yes, explain. |  |
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| Education |
| High School |  | Address |  |
| From |  | To |  | Did you graduate? | YES [ ]  | NO [ ]  | Degree |  |
| College |  | Address |  |
| From |  | To |  | Did you graduate? | YES [ ]  | NO [ ]  | Degree |  |
| Other |  | Address |  |
| From |  | To |  | Did you graduate? | YES [ ]  | NO [ ]  | Degree |  |
|  |
| Job-Related Skills |
| **Professional Registration/Certification/License information:** |
| Title: |  | No. |  | State: |  | Exp. Date |  |
| Title: |  | No. |  | State: |  | Exp. Date |  |
| Has your registration, certification or license ever been revoked or suspended? | YES [ ]  | NO [ ]  |
| If yes, explain. |  |
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| Hospice of Laurens County requires personnel who provide direct personal care to patients to be competent in Basic Life Support according to American Heart Association and the American Red Cross Standards. |
| Are you CPR Certified? | YES [ ]  | NO [ ]  | If yes, please provide a copy with application. |
| Please answer the following questions if the position you are applying for requires driving a motor vehicle: |
| Do you have a valid driver’s license? | YES [ ]  | NO [ ]  | If yes, please provide a copy with application. |
| Have you had 3 or more moving violations or chargeable accidents within the past 36 months? | YES [ ]  | NO [ ]  |
| Have you had any major convictions, i.e. DUI, alcohol/drug related, reckless driving violations within the past 84 months? | YES [ ]  | NO [ ]  |
| Each employee is required to maintain auto liability insurance that meets or exceeds the liability minimum amount required by South Carolina State law. If the employee is a non-resident of the State of South Carolina, then they must meet the minimum limits in the state that they reside. |
| Can you provide proof of current auto liability insurance? | YES [ ]  | NO [ ]  | If yes, please provide copy with application. |

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| References |
| Please list three personal or professional references (other than family). |
| Full Name |  | Relationship |  |
| Company |  | Phone |  |
| Email |  |
| Full Name |  | Relationship |  |
| Company |  | Phone |  |
| Email |  |
| Full Name |  | Relationship |  |
| Company |  | Phone |  |
| Email |  |

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| Previous Employment |
| Company |  | Phone |  |
| Address |  | Supervisor |  |
| Job Title |  | Starting Salary | $ | Ending Salary | $ |
| Responsibilities |  |
| From |  | To |  | Reason for Leaving |  |
| May we contact your previous supervisor for a reference? | YES [ ]  | NO [ ]  |  |
| Company |  | Phone |  |
| Address |  | Supervisor |  |
| Job Title |  | Starting Salary | $ | Ending Salary | $ |
| Responsibilities |  |
| From |  | To |  | Reason for Leaving |  |
| May we contact your previous supervisor for a reference? | YES [ ]  | NO [ ]  |  |
| Company |  | Phone |  |
| Address |  | Supervisor |  |
| Job Title |  | Starting Salary | $ | Ending Salary | $ |
| Responsibilities |  |
| From |  | To |  | Reason for Leaving |  |
| May we contact your previous supervisor for a reference? | YES [ ]  | NO [ ]  |  |
|  |
| Military Service |
| Branch |  | From |  | To |  |
| Rank at Discharge |  | Type of Discharge |  |
| If other than honorable, explain |  |
|  |
| Disclaimer and Signature |
| 1. I authorize the investigation of all statements contained in the application and release from all liability all persons or employers supplying such information, and I also release Hospice of Laurens County, Inc. from all liability that might result from making the investigation.
2. I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that if employed, this application becomes part of the terms and conditions of my employment. I understand that any falsification, misrepresentation, or omission of facts on this application (or on any required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.
3. I understand that if I am employed, the first 90 days of employment will be an introductory period. I agree, if I am offered and accept a position, to conform to all existing and future Hospice of Laurens County, Inc. rules and regulations and I understand that Hospice of Laurens County, Inc. reserves the right to change wages, hours, and working conditions as deemed as necessary. *I ALSO UNDERSTAND THAT, IF HIRED, MY EMPLOYMENT WILL BE AT-WILL, MEANING THAT EITHER PARTY CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON.*
4. I understand that any employment offer is contingent upon my providing, within three (3) working days of employment, valid proof of identity and eligibility to work in order to comply with Immigration Reform and Control Act of 1986.
5. I agree that to safeguard the welfare of myself, my associates, the patients and Hospice of Laurens County, Inc. once given a conditional offer of employment, I will consent to all legally permissible physical and other examinations required at any time by Hospice of Laurens County including, but not limited to a health questionnaire in which follow-up by a qualified physician may be required; a drug screening, in which hiring is contingent upon the results; and a tuberculin screening.
6. I have read and reviewed the information provided in this application and the above statements. By signing this application for employment I certify that I understand all parts of it and have answered all questions completely and fully.
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| Signature |  | Date |  |

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| Hospice of laurens county incPermission for Reference Release | Description: Description: biger text logo.png |
| To Whom It May Concern:Having made application for employment with Hospice of Laurens County Inc and desiring it to be informed as to my previous record and character, I hereby authorize the release of my past record and forward any and all requested information which may concern my record and character. I hereby release all such persons/institutions from liability or damages as a result of inquiry or furnishing this information. |  |

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| Signature |  | Date |  |

Hospice of Laurens County 🞄 PO Box 178 🞄 Clinton, SC 29325 🞄 864.833.6287

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| Hospice of laurens county incBackground Check Authorization | Description: Description: biger text logo.png |
| As a condition of my candidacy for employment with Hospice of Laurens County Inc, I understand that Hospice of Laurens County will conduct a background check screening about me for employment purposes. The information will not be used for other purposes.By signing this Authorization, I hereby authorize Hospice of Laurens County Inc to obtain consumer credit reports and/or investigative consumer reports about me. I understand and acknowledge that this Authorization allows Hospice of Laurens County Inc or any other company authorized by Hospice of Laurens County Inc, to contact any and all corporations, companies, entities, or organizations, including, but not limited to, my current and former employers, consumer reporting agencies, credit agencies, education institutions, law enforcement agencies, city, state, county, and federal courts and agencies, and military services, and I authorize any and all persons and entities contacted to release information about my background, including, but not limited to, information about my employment, address history, professional licenses and credentials, lawsuit history, social security number validation, education, consumer credit history, driving record, criminal record, general public records’ history and any other public or private information sources. Some government agencies and other information sources require date of birth, social security number, driver’s license number and state when checking for records. I understand that before taking any adverse action based in whole or in part on the report, Hospice of Laurens County Inc shall provide me a copy of the report and an opportunity to dispute the information provided.  |

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| to be completed by candidate. please print clearly. any information that is not legible will causle delay. |
| Last Name: |  | First: |  | Middle: |  |
| Social Security Number |  | Former/Other Names Used: |  |
| Sex: |  | Race: |  | Date of Birth: |  |
| Driver’s License Number: |  | State Issued: |  |
| Name as it Appears on License:  |  | Phone Number: |  |
| Please provide all addresses where you have lived for the past 7 years. Use the back of this form if you need more room. |
| Current: |
|  Full Street Address Apt.# City/State Zip Code Month/Year |
| Former: |
|  Full Street Address Apt.# City/State Zip Code Month/Year |
| Former: |
|  Full Street Address Apt.# City/State Zip Code Month/Year |
|  [ ]  Check here if additional addresses are on the back or attached. | May we contact your current employer:  | YES [ ]  | NO [ ]  |
| I represent to the best of my knowledge that all information provided above is accurate, true and correct, and that I fully understand the terms of this Authorization. I have read, and comprehend this form and hereby authorize, any person, company or other entity contacted by Hospice of Laurens County Inc, to provide the information stated above. If I am hired, this Authorization shall remain in effect for the length of my employment. I agree that a fax, photocopy or electronic copy of this Authorization with my signature will be accepted with the same authority as the original.  |
| Signature: Print Name: Date: |