



EMPLOYMENT APPLICATION

Date _____

Full Name _____

Mailing Address _____
 PO Box/Street City State Zip

Physical Address _____
 Street City State Zip

Email address _____

Primary Phone (____)_____ Cell/Home Secondary Phone (____)_____ Cell/Home

How did you learn about our employment opportunities: _____

Employment status desired Full time Part time PRN Temp Seasonal

Position _____ Date you can start _____ Desired wage/salary _____

Are you employed now? Yes No May we inquire of your present employer? Yes No

Ever applied for this company before? Yes No When _____

Are you on layoff and subject to recall? Yes No Will you travel if required? Yes No

Will you relocate if job requires it? Yes No Will you work overtime if required? Yes No

Are you able to meet the attendance requirements of this position? Yes No

Have you ever been convicted of a felony in the past 7 years? Yes No

Such conviction may be relevant if job related, but does not bar you from employment. If yes – explain:

Driver's license number _____ State _____ Exp Date _____

Points against driver's license: ____ None ____ less than or equal to 6 pts ____ greater than 6 pts

Education		Name and location of School	# of years Completed	Did you Graduate?	Subjects Studied
Academic	Currently Attending				
	Last Completed				
Trades or Business	Currently Attending				
	Last Completed				



Feel free to attach a resume for more information on past employment.

Enter most recent employer first. Have you ever been fired or asked to resign? Y N

May we contact your former employers for reference checks? Y N

Date Month and Year	Name and phone number of former employer	Ending Salary	Job	Reason for Leaving
From				
To				
From				
To				
From				
To				

References: Give the names of three persons not related to you to whom you have known at least 2 years

Name and City/State	Personal or Professional?	Email Address	Phone Number

Licensure/Registrations/Certificates:

Lic/Reg/Cert Type	License #	State Issued	Expiration Date

List any foreign language(s) and check the box that best describes your skill level:

Language	Read and write	Read and speak	Speak only

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with this company:



INITIAL Conditions of employment – Please read carefully

_____ Reporting to work with impaired abilities; or the possession, consumption or distribution of drugs or alcohol on company premises and/or worksites, shall be grounds for disciplinary action, including discharge. A condition of employment includes willingness on the part of the applicant or employee to agree to physical examination, polygraph and/or substance testing, if required by the company. We are committed to operating a drug-free workplace. Violations of our drug and alcohol policy will result in dismissal.

_____ It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service, if I have been employed. Furthermore, I understand that just as I am free to resign anytime, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

_____ I give the employer the right to investigate all police, driving, and personal records and references, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

_____ The employer is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

_____ Any controversy of any kind arising between the parties under this agreement or otherwise (or any agent, officer, director or affiliate of any party), including but not limited to common law, statutory, tort or contract claims, will be submitted to mediation, and failing settlement in mediation, to binding arbitration. Unless otherwise agreed, a mediation and arbitration designated by staff professionals will govern any mediation and arbitration. The parties will select the mediator or arbitrator from the designated company. Panel of mediators will notify the designated company, in writing, to initiate the selection process. The arbitration will be subject to and governed by the provisions of the Federal Arbitration Act. 9 U.S.C. Section 1-et seq. The parties hereto stipulate that this agreement involves matters affecting interstate commerce.

_____ I give the employer the right to check verification of a professional license via the Department of Regulatory Agencies to ensure I have no past or current actions on my license if I possess a current or old license. I will maintain a current license for my position as required by my job description.

_____ I give the employer the right to perform a Criminal History Background Screening prior to employment and will provide 2 approved forms of identification for employment.

_____ I understand that I will be required to perform fingerprinting at a local police station for submission to the Colorado Bureau of Investigations and, if indicated, the Federal Bureau of Investigations prior to working in home health care and hospice care. Should the fingerprinting yield information to be considered, I realize I may complete or challenge the information via Title 28, C.F.R., Section 16.34. HCHOTV's process for evaluation fingerprint report information includes the opportunity to explain the information, adequate time to make any changes, corrections or updates and then reevaluation once new information is provided.

_____ I understand that depending on the position I am applying for; I may be given a basic computer skills test which must be passed prior to an offer of employment.

_____ I agree to not privately work with any of the agency's clients, and if I do so I understand the legal responsibility I may be held for in case of any accidents or injuries.

_____ I am aware of the Gratuity Policy and will refrain from accepting personal monetary or non-monetary gifts from clients of any value. Non-monetary gifts valued under \$25 may be donated to the company for company functions. Monetary gifts can be a donation to the company in honor or memory of a loved one.

INITIAL Conditions of Employment Continued – please read carefully



INITIAL Conditions of employment, continued – Please read carefully

_____ I confirm that I am not affiliated with any persons on the Board of Directors and I do not have any conflicts of interest that I am aware of and will inform the Executive Director if I feel this statement changes.

_____ I am aware of HIPAA policies regarding confidentiality and will not share any information to anyone who is not authorized to receive it. Any violation of breach of this agreement may be cause for immediate termination. After employment, I understand this information will always be property of the agency and I cannot use it or share it.

_____ I will wear an approved dress code in conjunction with the policy while conducting company business. During patient care, I will include my name badge, comfortable and well maintained clothes, conservative shoes that promote safety and infection control, maintain clean hair and trimmed natural nails, minimize offensive odors and perfumes, and keep jewelry to a minimum.

_____ I will keep my personal cell phone calls to a minimum in respecting the patient. If I need to use my phone for business or an emergency I will keep the calls brief. The agency is not responsible for any moving violations, accidents or other incidents that may occur while I am using my cell phone and driving.

_____ I am aware of this agency being committed to providing a work environment that is free from harassment. I will abide by this policy and I am aware that I am free to report any harassment as well, and I am subject to disciplinary action if I am the harasser.

_____ I understand that I am advised to obtain the Hepatitis B Vaccine series if I may be working with blood and body fluids, and can waive my rights to this vaccine.

_____ I understand that if I have not had a PPD or Tuberculosis screening within the past year, I will obtain one and will provide a copy of this screening to the agency.

_____ I will obtain the annual influenza immunization by October 1 of each year. I understand if I do not provide proof of the immunization or a valid, medical contraindication provided by a physician by that date, it will be considered a voluntary resignation. I understand that I may re-apply for my position at the end of the flu season, April 1 of each year, but my position may have been filled. If I do provide a valid, medical contraindication, I will be required to provide and wear masks when seeing patients. I further understand that due to the nature of hospice and home health care, this might limit my case load.

_____ If applying for a clinical position, or will be in patient contact, I will obtain and maintain a current CPR card in accordance with the American Heart Association or American Red Cross guidelines.

_____ If I am in a field position, I understand that I am required to maintain current car insurance and will provide a copy of this and maintain it as current.

_____ I attest that I am physically fit to perform the job duties described in my job description and will obtain a medical clearance from my physician proving this.

_____ I agree to follow the agencies Policies and Procedures as described in the manual and have the right to view these at anytime during employment.

_____ This application is current for 60 days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary to fill out a new application.

Signature of Applicant

Date