

Acara Hospice

A Care Above

601 Graham Rd College Station, TX. 77845
 Phone: (979) 661-7272 Fax: (281) 762-2047



APPLICATION FOR EMPLOYMENT

Acara Hospice is an equal opportunity employer and all qualified applicants will receive consideration for employment without regard of race, color, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

Position Applying for:				Date of Application:			
Personal Information							
First Name:		Middle:			Last Name:		
Social Security No.:				Date of Birth:			
Home Phone:				Cell Phone:			
Driver's License No.:			Issuing State:		Expiration Date:		
Email:							
Current Address:			City:		State:	Zip Code:	
Mailing Address:			City:		State:	Zip Code:	
List all Names (including Maiden) you have used							
First Name:		Middle:			Last Name:		
First Name:		Middle:			Last Name:		
Have you previously applied with this agency?		Yes	No	If "Yes", provide date:			
Have you ever been employed with this agency?		Yes	No	If "Yes", provide date:			
Are you at least 16 years old?		Yes	No				
Are you currently employed?		Yes	No				
If "Yes", may we contact your current employer?		Yes	No				
Do you have proof of your legal right to work in the U.S.?		Yes	No				
What type of work are you looking for?		Full-Time	Part-time	Shift Work	Temporary		
If hired, how soon are you able to start employment?							
You may be required to travel. Are you able to meet this requirement?						Yes	No

Employment History (From Present to Latest Employer)

Present Employer's Name:		Phone No.:	
Address:	City:	State:	Zip Code:
Date of Employment From:		To:	
Job Title:	Supervisor's Name:		
Reason for Leaving:	Hourly Rate/Salary Starting: Final:		
Job Duties:			
Previous Employer's Name:		Phone No.:	
Address:	City:	State:	Zip Code:
Date of Employment From:		To:	
Job Title:	Supervisor's Name:		
Reason for Leaving:	Hourly Rate/Salary Starting: Final:		
Job Duties:			
Previous Employer's Name:		Phone No.:	
Address:	City:	State:	Zip Code:
Date of Employment From:		To:	
Job Title:	Supervisor's Name:		
Reason for Leaving:	Hourly Rate/Salary Starting: Final:		
Job Duties:			
Previous Employer's Name:		Phone No.:	
Address:	City:	State:	Zip Code:
Date of Employment From:		To:	
Job Title:	Supervisor's Name:		
Reason for Leaving:	Hourly Rate/Salary Starting: Final:		
Job Duties:			
Previous Employer's Name:		Phone No.:	
Address:	City:	State:	Zip Code:
Date of Employment From:		To:	
Job Title:	Supervisor's Name:		
Reason for Leaving:	Hourly Rate/Salary Starting: Final:		
Job Duties:			

Education				
	Name and Location of School	Years Attended	Diploma/ Degree Received	Major
High School				
College / University / Business or Trade School				
Post-Graduate				

Professional Certificate and License					
Name of License/Certification:	License/Certification No.:	Issuing State:			
Name of License/Certification:	License/Certification No.:	Issuing State:			
Have any of your certifications or licenses been revoked or suspended				Yes	No
If you answered "Yes", state reason(s), date of revocation or suspension and date of Reinstatement:					

Skills				
List any special skills:				

Languages				
List language(s) other than English:				
Speak		Yes		No
Read		Yes		No
Write		Yes		No

References (No Relatives or Previous Employers)				
First Name:	Middle:	Last Name:		
Address:	City:	State:	Zip Code:	
Home Phone:		Cell Phone:		
First Name:	Middle:	Last Name:		
Address:	City:	State:	Zip Code:	
Home Phone:		Cell Phone:		
First Name:	Middle:	Last Name:		
Address:	City:	State:	Zip Code:	
Home Phone:		Cell Phone:		

Supplemental Questions

Do you have the ability to perform the essential duties of this position with or without reasonable accommodations?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If required, are you willing to work overtime?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Do you have a relative(s) who works for Acara Hospice?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If "Yes", please list the name(s) and relationship to you:

How did you learn of this position?

<input type="checkbox"/>	Employee	<input type="checkbox"/>	Facebook	<input type="checkbox"/>	Linkedin	<input type="checkbox"/>	Twitter
<input type="checkbox"/>	HOY Website	<input type="checkbox"/>	Other	<input type="checkbox"/>		<input type="checkbox"/>	

I agree that if hired, Acara Hospice has the right to withhold from my final pay any money owed to Acara Hospice for equipment or property upon my separation from the agency.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Criminal Record

Have you ever been convicted, or do you have any pending charges for felony or misdemeanor convictions including DUI?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If "Yes", provide all conviction(s) and pending charge(s) with the month/year/location and complete disposition.

Background Investigation

The term "Background Investigation" refers to any and all information and sources of information that Acara Hospice in its sole discretion may deem necessary to obtain or contact, to determine fitness as a candidate for employment. By marking "Yes" I have read, understand and accept the following:

1. I authorize any person or entity contacted by Acara Hospice officers, agents, and employees during the course of my background investigation, to furnish to such officers, agents, and employees any information or opinions they may have.
2. I hereby release from liability and hold harmless under any and all possible causes of action, claims, demands, rights, damages, costs, and debts, both in law and in equity which I may have or in the future may have against Acara Hospice and any of its employees for any statements, acts or omission, and against any and all persons or entities who shall furnish any information or opinions to the employees of Acara Hospice.
3. I will not under any circumstances, attempt to obtain the results of my background investigation.
4. I irrevocably agree to the above terms and conditions and affirm that I have read and understand the meaning of the above statement.
5. I acknowledge that failure to pass the background investigation will result in Acara Hospice rescinding any offer of employment or will result in termination of employment.

I agree to the Background Investigation.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Certification

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all information contained in this form as may be necessary to gain an employment decision by Acara Hospice. I understand that false or misleading information on this form may result in any decision making or termination of employment.

Signature:	Date:
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