

ABBA HOSPICE INC.

APPLICATION FOR EMPLOYMENT

Confidential (Please Print Clearly)

ABBA HOSPICE INC. does not discriminate in hiring or employment on the basis of race, color, religious creed, national origin, ancestry, sex, or on the basis of age or physical or mental handicap unrelated to the ability to perform the work required. No question on this application is intended to obtain information to be used for such discrimination. This application will be given every consideration. However, its acceptance does not imply that the applicant will be employed.

Personal Information	Date of Application: ____/____/____	Date Available: ____/____/____
Name: _____ Last First Middle	Social Security Number: ____-____-____	
Present Address: _____ Street City State Zip Code	Phone Number: (____) ____-____	
Permanent Address (If Different than Present Address): _____ Street City State Zip Code	Cell Phone No: (____) ____-____	
If you cannot be reached at the above phone number, how may we contact you? Name of Person: _____ Phone Number: (____) ____-____		
Email Address: _____		

Employment	Have you worked for this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Type of Work Desired Shift <table><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>					Have you ever received Unemployment Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you ever received Worker's Compensation? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: ____/____/____				
	Have you ever received Disability Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: ____/____/____				
	Will you accept employment of Full Time? _____ Part Time? _____				
	Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you employed now? _____ May we contact your present employer? _____ If no, why? _____					
If not a U.S. citizen, do you have the legal right to remain permanently and work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No Immig. Number: _____					

Education	Name of School	Location (City, State)	Courses Taken	Date Completed	Diploma, Degree or Certificate Received
Grammar or Grade School					
High School					
College					
Vocational or Business					
Professional Education					
Laboratory or X-ray Trng.					

Extracurricular Activities while in School: _____

Member of Professional Organizations: _____

Honors Received, Volunteer or Community Service or Other Qualifications You
Have which you feel are related to the position for which you are applying: _____

Have You Ever Been in The U.S. Armed Forces? _____ What is Your Present Selective Service Classification? _____ Are You Presently a Member of Reserve or National Guard? _____ If So, When is your Enlistment Up? _____

Professional License and/or Certification				Verification
Type	Organization or State Issued	Date Issued	Number	
Type	Organization or State Issued	Date Issued	Number	

ABBA HOSPICE INC.

EMPLOYMENT RECORD: (PLEASE list most recent employer first. Include summer or temporary jobs. Use an extra sheet of paper if necessary).

Present & Former Employers	Dates Employed	Salary Range	Position & Duties	Reason for Leaving
Name: _____ Address: _____ Supervisor's Name: _____ Phone: _____	From: _____ To: _____	Starting: _____ Ending: _____	_____ _____ _____ _____	_____ _____ _____ _____
Name: _____ Address: _____ Supervisor's Name: _____ Phone: _____	From: _____ To: _____	Starting: _____ Ending: _____	_____ _____ _____ _____	_____ _____ _____ _____
Name: _____ Address: _____ Supervisor's Name: _____ Phone: _____	From: _____ To: _____	Starting: _____ Ending: _____	_____ _____ _____ _____	_____ _____ _____ _____
Name: _____ Address: _____ Supervisor's Name: _____ Phone: _____	From: _____ To: _____	Starting: _____ Ending: _____	_____ _____ _____ _____	_____ _____ _____ _____

Please explain all periods of unemployment: _____

Other names by which you have been known (for date verification and reference checking purposes).

Last First Middle

Have you ever been convicted of a crime? _____. If so, for what, when and where?

Please list two references other than relatives or previous employers.

Name and Occupation	How do you know them and for how long?	Phone Number

Do you consider yourself to be able to perform all the duties required by the job(s) for which you are making an application without endangering yourself, other employees or patient? _____. If no, please explain:

Read Carefully and Sign:

I certify that the information contained in this application is correct to the best of my knowledge, and I understand that any misstatement or omission of information is grounds for ending the hiring process or dismissal. I authorize verification of information provided on this application; and authorize the references listed above to give you all pertinent information concerning my previous employment; and release all parties from all liability for any damages. In consideration of my employment, I agree to conform to the rules and regulations of ABBA HOSPICE INC. I further agree that either I or the Company may terminate my employment with or without cause and with or without prior notice, at any time. Finally, I understand that no representative of the Company other than an Executive Officer has the authority to enter into any agreement for employment for any specified period of time, or to otherwise alter the foregoing.

Signature: _____

Date: ____/____/____

ABBA HOSPICE INC.

AUTHORIZATION TO RELEASE EMPLOYMENT INFORMATION

On this date, _____, the undersigned, _____
(Name of Employee)

authorizes the releases of employment information from _____
(Name of Company)

Located at; _____ Tel. No. _____

Position Held: _____ From _____ To: _____

Immediate Supervisor-Name and Title: _____

Employee Signature/Title

Social Security No.

To Whom It May Concern:

The above-named person has applied to our company for a position. Please complete the following:

I know the above information to be accurate. The above-named person was employed by this company on or about the dates stated.

Additional Comments: _____

Signature and title of person completing this form: _____

Date: _____

To be completed by employer if verification was obtained by means other than mail.

The former employer was contacted on: _____

Name and Position of person Contacted: _____

Information Verified by: () Phone () Email () Other: _____

Above information verified? () Yes () No

Name and Position of verifier: _____

Based on verification: () Eligible for Hire () Not Eligible for Hire

ABBA HOSPICE INC.

APPLICANT'S STATEMENT

I certify that answer given herein is true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 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 the time.

I hereby acknowledge that any employment relationship with this company 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 this "at-will" employment relationship may not be change by any written document or by conduct unless such change is specially acknowledged in writing by an authorized executive of the Company.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature

Position

Date

AGENCY USE ONLY

Interview Date _____ Interviewer _____ Test Score _____

ABBA HOSPICE INC.

Disclosure and Authorization for Background Investigation

I understand that in connection with my application for employment (including contracts for service). ABBA HOSPICE INC. will use an outside agency to research and verify information I have provided. I hereby authorize ABBA HOSPICE INC. and/or entity directed by ABBA HOSPICE INC. prior to or at any time after my employment commences to obtain a consumer report for employment purposes. I understand this consumer report may include inquiries regarding my work history: court records, including criminal convictions record, as permitted by law; driving history; verifications of Social Security number; and references obtained from professional and personal associates.

I hereby authorize all previous employers, educational institutions, consumer reporting agencies and other persons or entities having information about me to provide such information to ABBA HOSPICE INC. or other entities that obtains information for ABBA HOSPICE INC. I further fully release ABBA HOSPICE INC., its employees, officers, directors, agents, successors and assigns and all other parties involved in the investigation, from any claim or action for any liability whatsoever related to the process or results of the background/reference investigation.

I understand results of my background check may be used in determining whether to make me an offer of employment and other employment decisions, and that the Disclosure Authorization is not an offer for employment by ABBA HOSPICE INC. or a contract with ABBA HOSPICE INC. I further understand that no representative of ABBA HOSPICE INC. other than an Executive Officer has the authority to enter into any agreement for employment for any specified period of time, or to otherwise alter ABBA HOSPICE INC. At-Will Employment Policy.

Applicant Signature: _____

Position: _____

Date: _____