

ST. MARY'S HOME HEALTH SERVICES, INC.  
3180 E. Shields Ave. #105  
Fresno, CA 93726

DATE OF HIRE: \_\_\_\_\_

APPLICATION FOR EMPLOYMENT/VOLUNTEER

The St. Mary's Hospice Services, Inc. and/or federal law prohibit discrimination in employment on the basis of religion, race, color, handicap, national origin, age, sex, height, weight, or marital status. ST. MARY'S HOSPICE SERVICES, INC. is an equal opportunity employer and does not discriminate on the basis of any of these or any other legally protected category or medical condition.

*Please Print Neatly*

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip)

Telephone (\_\_\_\_\_) Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Position Desired (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Date Available \_\_\_\_\_ Expected Wage \_\_\_\_\_ /hr.

Status (check all appropriate)  Full Time  Part Time  Irregular Part Time  Contingency

Status (check all appropriate)  Temporary or Summer (From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_)

Minimum number of hours you would work per week \_\_\_\_\_

Shift(s) willing to work:  Days  Evenings  Nights

Can you work holidays and weekends if necessary?  Yes  No

Are there any days or hours you cannot work?  Yes  No

If yes, please list them and explain \_\_\_\_\_

What prompted you to apply to St. Mary's Hospice Services, Inc.?  Employee (name) \_\_\_\_\_

News Ad (name) \_\_\_\_\_  Other (name) \_\_\_\_\_

Are you 18 years of age or older?.....  Yes  No

Are you a citizen of the United States? .....  Yes  No

If no, do you have the legal right to work and remain in the United States?.....  Yes  No

Visa Type \_\_\_\_\_

Have you ever been convicted of any criminal violation of law, or are you now under pending investigation  Yes  No

or charges of violation of criminal law? If yes, please explain: \_\_\_\_\_

Have you been the subject of any adverse action(s) by any duly authorized sanctioning or disciplinary  Yes  No

Agency for either conduct based or performance based actions? If yes, please explain: \_\_\_\_\_

(Unless otherwise required by law, a conviction record will not necessarily be a bar to employment. Factors such as age at the time of the offense, length of time since conviction, seriousness and nature of violation, position applied for and rehabilitation will be considered.)

Have you previously worked for St. Mary's Hospice? .....  Yes  No

If yes, date \_\_\_\_\_ Position \_\_\_\_\_

Have you ever worked or attended school under another family/maiden name? .....  Yes  No

If yes, indicate name \_\_\_\_\_

Have you any relatives or acquaintances at St. Mary's Hospice Services, Inc.?.....  Yes  No

List names \_\_\_\_\_

Are you willing to take a pre-placement physical and/or a drug test at our expense upon a conditional offer

of employment .....  Yes  No

**PROFESSIONAL REGISTRATION/CERTIFICATION**

Professional Registration No. \_\_\_\_\_ State of Reg. \_\_\_\_\_ Certification \_\_\_\_\_  
Type of Registration \_\_\_\_\_

**EDUCATION AND TRAINING**

**HIGH SCHOOL or GED**

Name \_\_\_\_\_

(Address) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

Circle highest grade completed 9 10 11 12 From \_\_\_\_\_ To \_\_\_\_\_  
MM/YY MM/YY

Did you graduate? \_\_\_\_\_ Did you receive GED? \_\_\_\_\_ Date received \_\_\_\_\_

**COLLEGE, UNIVERSITY, TECHNICAL OR NURSING SCHOOL**

Name \_\_\_\_\_

(Address) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

Circle highest year completed 1 2 3 4 From \_\_\_\_\_ To \_\_\_\_\_  
MM/YY MM/YY

Major \_\_\_\_\_ Minor \_\_\_\_\_ Did you graduate? \_\_\_\_\_ Degree \_\_\_\_\_

Faculty Reference \_\_\_\_\_

**COLLEGE, UNIVERSITY, TECHNICAL OR NURSING SCHOOL**

Name \_\_\_\_\_

(Address) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

Circle highest year completed 1 2 3 4 From \_\_\_\_\_ To \_\_\_\_\_  
MM/YY MM/YY

Major \_\_\_\_\_ Minor \_\_\_\_\_ Did you graduate? \_\_\_\_\_ Degree \_\_\_\_\_

Faculty Reference \_\_\_\_\_

**GRADUATE or PROFESSIONAL SCHOOL**

Name \_\_\_\_\_

(Address) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

Circle highest year completed 1 2 3 4 From \_\_\_\_\_ To \_\_\_\_\_  
MM/YY MM/YY

Major \_\_\_\_\_ Minor \_\_\_\_\_ Did you graduate? \_\_\_\_\_ Degree \_\_\_\_\_

Faculty Reference \_\_\_\_\_

**MILITARY SERVICES**

Were you in the U.S. Armed Forces?  Yes  No. What Branch \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Current Date Status: \_\_\_\_\_

Reserve Status:  Active  Inactive Duties \_\_\_\_\_

Special Training \_\_\_\_\_

Citation or Awards Received \_\_\_\_\_ Type of Discharge \_\_\_\_\_

## EMPLOYMENT HISTORY

Please list past employment beginning with present or last employer.

1. Present or Last Employer \_\_\_\_\_ Position Held \_\_\_\_\_  
\_\_\_\_\_  
(Address) (City) (State) (Zip Code) (Telephone)  
Dates of Employment From \_\_\_\_\_ To \_\_\_\_\_ May we contact?  Yes  No  
Mo/Yr. Mo/Yr.  
Name of Supervisor \_\_\_\_\_ Dept. \_\_\_\_\_ Wage \_\_\_\_\_/hr.  
Reason For Leaving \_\_\_\_\_

2. Present or Last Employer \_\_\_\_\_ Position Held \_\_\_\_\_  
\_\_\_\_\_  
(Address) (City) (State) (Zip Code) (Telephone)  
Dates of Employment From \_\_\_\_\_ To \_\_\_\_\_ May we contact?  Yes  No  
Mo/Yr. Mo/Yr.  
Name of Supervisor \_\_\_\_\_ Dept. \_\_\_\_\_ Wage \_\_\_\_\_/hr.  
Reason For Leaving \_\_\_\_\_

3. Present or Last Employer \_\_\_\_\_ Position Held \_\_\_\_\_  
\_\_\_\_\_  
(Address) (City) (State) (Zip Code) (Telephone)  
Dates of Employment From \_\_\_\_\_ To \_\_\_\_\_ May we contact?  Yes  No  
Mo/Yr. Mo/Yr.  
Name of Supervisor \_\_\_\_\_ Dept. \_\_\_\_\_ Wage \_\_\_\_\_/hr.  
Reason For Leaving \_\_\_\_\_

4. Present or Last Employer \_\_\_\_\_ Position Held \_\_\_\_\_  
\_\_\_\_\_  
(Address) (City) (State) (Zip Code) (Telephone)  
Dates of Employment From \_\_\_\_\_ To \_\_\_\_\_ May we contact?  Yes  No  
Mo/Yr. Mo/Yr.  
Name of Supervisor \_\_\_\_\_ Dept. \_\_\_\_\_ Wage \_\_\_\_\_/hr.  
Reason For Leaving \_\_\_\_\_

## REFERENCES

(Please list three persons who could be contacted as character references other than relatives)

1. \_\_\_\_\_  
(Name) (Occupation) (Address) (Telephone)  
2. \_\_\_\_\_  
(Name) (Occupation) (Address) (Telephone)  
3. \_\_\_\_\_  
(Name) (Occupation) (Address) (Telephone)

## IN CASE OF AN EMERGENCY, NOTIFY

\_\_\_\_\_  
Name (Relationship) (Address) (Telephone 1) (Telephone 2)

**CERTIFICATION AND AUTHORIZATION  
APPLICANT PLEASE READ CAREFULLY**

I certify that the answers that appear on this application and the information provided in my resume are complete and true. I hereby authorize St. Mary's Hospice Services, Inc. and/or its agents to verify any or all of the information provided on this application and in my resume. In order to verify such information, I hereby authorize all persons, schools, companies and law enforcement agencies to release any records or any other information they may possess relating to my application for employment. I also release any individual, partnership or corporation which presently or formerly employed me, any school I attended, their officers, agents and employees and any law enforcement agency from any liability, claims or damages for issuing such information in good faith and without malice.

Should I become an employee at this organization, I also release St. Mary's Hospice Services, Inc. from any liability, claims, or damages for issuing such information in good faith and without malice to other individuals/institutions who have a legitimate and common interest in the subject matter.

**I realize that falsification or omissions of any information on this application, in my resume, or during any interview, will be grounds for rejection of my application or if I am offered employment, discharge at any time during my employment.** I understand a conditional offer of employment may be based on results of a post-hire medical examination. I also understand that any falsification or omission of information in connection with any medical examination will be grounds for rejection of my application or discharge at any time if I am offered employment. **I also understand that nothing in this application is intended to imply or create an employment relationship or contract for employment.**

If offered employment, I will submit to any medical examinations and drug tests deemed necessary by St. Mary's Hospice Services, Inc. to evaluate my physical and mental fitness for employment and that my employment is conditioned upon passing the medical evaluation. If employed, I will submit to any physical or mental examination deemed necessary by St. Mary's Hospice Services, Inc. to determine my continued fitness to perform the duties of the job, or whenever such medical examinations are required by state or federal law. If employed, I agree to observe at all times all hospital rules and regulations. I also UNDERSTAND that I must continue to be available to work on any shift or in any area of the hospital where I am needed. I acknowledge and agree that should I, once employed or as an employee, be subsequently arrested or convicted of one or more criminal offenses as listed below:

1. attempt or conspiracy to commit a felony;
2. misdemeanor, involving abuse, neglect, assault, battery or criminal sexual conduct involving fraud or theft against a vulnerable adult as defined the California Penal Code.

I will notify this employer in writing within twenty-four (24) hours of the event.

I authorize St. Mary's Hospice Services, Inc. to conduct a thorough investigation of my past employment, background, criminal history, education, and activities. I agree to cooperate in such investigation and release and discharge from all liability, responsibilities, claims or damages of any kind or nature St. Mary's Hospice Services, Inc. and any other persons or entities requesting or supplying information pursuant to such investigation. I understand that, if I am offered employment, my employment will be contingent upon me successfully passing, in St. Mary's Hospice Services, Inc. discretion, any investigation conducted by St. Mary's Hospice Services, Inc. I further authorize St. Mary's Hospice Services, Inc. to supply my employment record, in whole or in part, to any prospective employer, government agency, or other party with a legal or proper interest.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_  
(Do Not Print)

I have resided in the State of California for three (3) years immediately preceding the date of this application:  Yes  No

If you respond no, when did you move to the state of California? \_\_\_\_\_  
(Month) (Year)

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_  
(Do Not Print)

By law, certain policies will require finger printing for individuals who have not resided in the State of California during the prior three (3) years.

**APPLICANT DO NOT WRITE BELOW THIS POINT**

<p><b>INTERVIEWERS REPORT</b></p> <p>INTERVIEWED BY _____ DATE _____</p> <p>APPEARANCE _____ SPEECH _____</p> <p>DRESS _____ AGGRESSIVENESS _____</p> <p>PERSONALITY _____ AMBITIONS _____</p> <p>REMARKS: _____</p> <p>APPLICANT IS (check one): <input type="checkbox"/> Recommended For Employment <input type="checkbox"/> Rejected <input type="checkbox"/> To Be Considered For Future Employment</p>	<p><b>INTERVIEWERS REPORT</b></p> <p>INTERVIEWED BY _____ DATE _____</p> <p>APPEARANCE _____ SPEECH _____</p> <p>DRESS _____ AGGRESSIVENESS _____</p> <p>PERSONALITY _____ AMBITIONS _____</p> <p>REMARKS: _____</p> <p>APPLICANT IS (check one): <input type="checkbox"/> Recommended For Employment <input type="checkbox"/> Rejected <input type="checkbox"/> To Be Considered For Future Employment</p>
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**FOR HUMAN RESOURCE USE ONLY**

<p>SHIFTS <input type="checkbox"/> 2<sup>nd</sup> <input type="checkbox"/> 3<sup>rd</sup> <input type="checkbox"/> Variable</p>	<p>Starting Date: _____</p>	<p>Rate of Pay: \$ _____ per HR.</p>
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