

Application for Employment

I am Applying for the Following Company:
(Checkmark your choice)



Hearts for Hospice

"A New Philosophy in Hospice Care"



Hearts for Home Health



Hearts
TO-GO

Applicant Name:

Position Desired:

Location You Would Like to Work (Check the box of your choice)

- Utah County Area
- Salt Lake Area
- Ogden Area
- Boise, ID Area
- Arizona

Date: _____



Hearts for Hospice

It's All About Living!

APPLICATION FOR EMPLOYMENT

Please complete the following application in its entirety. All employment decisions are made pursuant to our policy of providing equal opportunities without regard to race, color, national origins, ancestry, marital status, sex, age, or other non-job related physical handicaps. Your application will be considered with others who have also applied for this position.

Employment desired:

Position: _____ Salary expected: _____

Part time: _____ Full Time: _____ Days: _____ Swing: _____ Nights: _____

Personal Information:

Name: _____

Address: _____

Telephone: () _____ Soc.Sec. # _____

Cell or Pager :() _____

Are you over eighteen (18) years of age? No _____ Yes _____

Have you ever been convicted of a felony or a misdemeanor? No: _____ Yes: _____

(Explain fully:)

Applicant shall note that the existence of a conviction will not necessarily disqualify them from a position.

If you are selected for employment with Hearts for Hospice, upon hire, you will be required to produce original or certified documents establishing your identity and employment eligibility.

Can you, after employment, submit verification of your legal right to work in the United States?

Yes: _____ No: _____

How did you learn of this position? Newspaper: _____ Job Service: _____ Other: _____

Employee: _____ Name of employee: _____

Date Available to start: _____ Days Available M T W T F S S Hrs: _____

Education:

High school: _____ Graduated __ Yes __ No

College: _____ Degree _____ Graduated __ Yes __ No

Technical school: _____

Employment History: List all former employers and positions: (please list most recent employer first and account for any gaps in employment)

Company #1 _____ Address _____

Phone _____ From (Mo/Yr): _____ To (Mo/Yr) _____

Job title: _____ Supervisor: _____

Specific duties: _____ Salary: _____

Reason for Leaving: _____

Company #2 _____ Address _____

Phone _____ From (Mo/Yr): _____ To (Mo/Yr) _____

Job title: _____ Supervisor: _____

Specific duties: _____ Salary: _____

Reason for Leaving: _____

Company #3 _____ Address _____

Phone _____ From (Mo/Yr): _____ To (Mo/Yr) _____

Job title: _____ Supervisor: _____

Specific duties: _____ Salary: _____

Reason for Leaving: _____

May we contact your present employer: Yes _____ No _____ If no, please explain: _____

Do you currently hold a professional license or certificate? Yes _____ No: _____

if Yes, PLEASE MARK Type Administrator: _____ R.N.: _____ LVN/LPN: _____

CNA: _____ RCA: _____ SSW: _____ Other: _____

Expiration Date: _____ State: _____ Number: _____

If applying for Hearts To Go...Driver's License # _____ Exp _____

Are you currently attending school? No: _____ Yes: _____ Where: _____

What subjects or specialty work, have you studied? _____

Please list all job related organizations, Professional Groups, or associations to which you belong. _____

References: Please list two (3) people who have first hand knowledge of your abilities, experience, and work habits. **Only unrelated persons.**

Name: _____ Address: _____ Ph.# _____

Name: _____ Address: _____ Ph.# _____

Name: _____ Address: _____ Ph.# _____

Emergency Notification:

Name: _____ Relationship: _____ Ph.# _____

Name: _____ Relationship: _____ Ph.# _____

Are you related to anyone in our employ? Yes: _____ No: _____ Name: _____

Can you operate a personal computer? Yes: _____ No: _____

List any other business skills you possess: _____

I hereby certify that the entire information list herein is true and accurate to the best of my knowledge. I understand that any discovery of any false statements, misrepresentations or omissions of the requested material on this application shall be grounds for dismissal. I authorize investigation of any supplied on this application and hereby release my present and past employers and named references from any damages that may result from furnishing said information. Also I do consent that, if I am hired, my employment may be terminated at anytime either by myself or my employer; with or without just cause, for any or no reason.

I certify that I have read the above statement and understand its terms.

Signature _____ Date _____

For company use only
Interview Evaluation

APPLICANT INFORMATION
Candidate
Position Applied for
Interviewer

HIRING RECOMMENDATION
Hire <input type="checkbox"/> Not Hire <input type="checkbox"/>

CANDIDATE EVALUATION	Poor	Fair	Satisfactory	Good	Excellent
Knowledge of Specific Job Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Related Job Experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Related Education or Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication/Listening Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interest in Company/Position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Interview Questions

What are some of your Strengths?
What are some of your Weaknesses?
Why do you feel that you are qualified for this position & what can you add to the company?
How do you handle pressure in situations? (Give Examples)
What are your goals, what do you see yourself doing in five years?
Reasons for any short terms of employment and why you left each employer.
If we asked your previous employers to describe you, what would they say?

References check

Check #1

Company _____

Person Called: _____ Title: _____

How long was she under your supervision? _____

What was her position at the time she left your company? _____

What reason was given for leaving? _____

How would you rate her overall competence? (Check one.)

Outstanding _____ Good _____ Average _____ Fair _____ Poor _____

Please state briefly what you believe to be her greatest strengths and weaknesses (if any):

Strengths

Weaknesses

If you had an opening for which she is qualified, would you rehire her?

Yes _____ No _____. If no, please state why.

Check #2

Company _____

Person Called: _____ Title: _____

How long was she under your supervision? _____

What was her position at the time she left your company? _____

What reason was given for leaving? _____

How would you rate her overall competence? (Check one.)

Outstanding _____ Good _____ Average _____ Fair _____ Poor _____

Please state briefly what you believe to be her greatest strengths and weaknesses (if any):

Strengths

Weaknesses

If you had an opening for which she is qualified, would you rehire her?

Yes _____ No _____. If no, please state why.

Comments: _____

Appearance: _____

State License Registry checked: _____