

HOSPICE EMPLOYEE / VOLUNTEER EMPLOYMENT APPLICATION

An Equal Opportunity Employer and a drug free workplace

PRIVILEGED & CONFIDENTIAL
PEER REVIEW / MEDICAL COMMITTEE DOCUMENT
Tex.Rev.Civ.Stat.art. 4495b § 5.06
Tex.Rev.Civ.Stat.art. 4525b § 2
Tex.Health & Safety Code § 161.031 – 161.033 & 242.049

Heart to Heart Hospice
Employee / Volunteer Employment Application
Page 1 of 3

PERSONAL INFORMATION

PLEASE COMPLETE ALL INFORMATION

| | | | |
|---|--------------|---------|---------------------|
| LAST NAME | FIRST | MIDDLE | SOCIAL SECURITY NO. |
| PRESENT ADDRESS | CITY | STATE | ZIP CODE |
| TELEPHONE NO. | | | |
| NOTIFY IN CASE OF EMERGENCY: NAME | RELATIONSHIP | ADDRESS | TELEPHONE NO. |
| ARE YOU 18 YEARS OLD OR OLDER? <input type="checkbox"/> Yes <input type="checkbox"/> No IF NO, AGE: _____ | | | |

JOB INFORMATION:

| | |
|--|---|
| POSITION APPLIED FOR: | SALARY DESIRED |
| HOW WERE YOU REFERRED TO THIS ORGANIZATION? | ARE YOU APPLYING FOR: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary |
| RELATIVES OR FRIENDS EMPLOYED IN THIS COMPANY? <input type="checkbox"/> Yes <input type="checkbox"/> No DEPARTMENT/AREA: _____ | DATE AVAILABLE FOR WORK: |
| HAVE YOU EVER BEEN EMPLOYED BY THIS COMPANY? <input type="checkbox"/> Yes <input type="checkbox"/> No WHEN? _____ | WOULD YOU CONSIDER WORKING: Any Shift? <input type="checkbox"/> Yes <input type="checkbox"/> No Rotating Shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No W.E./Holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No On Call? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| LONG RANGE OCCUPATIONAL GOALS: | SHIFT PREFERENCE: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd |

EDUCATION / TRAINING:

| SCHOOL | NAME AND ADDRESS OF SCHOOL | COURSE OF STUDY | CHECK LAST YEAR COMPLETED | | | | DID YOU GRADUATE? | LIST DIPLOMA, DEGREE, OR # HOURS |
|--|----------------------------|-----------------|-------------------------------|---|---|---|-------------------|----------------------------------|
| | | | 1 | 2 | 3 | 4 | | |
| HIGH | | | | | | | | |
| COLLEGE | | | | | | | | |
| COLLEGE | | | | | | | | |
| OTHER: Business College, Other Special Courses (Include Special Military Training, Post Graduate, and Nursing) | | | | | | | | |
| AREA OF SPECIALIZATION OR MAJOR INTEREST | | | TYPING: Approximate WPM _____ | | | | | |
| LIST HEALTH CARE, BUSINESS, OR INDUSTRIAL EQUIPMENT OPERATED: | | | | | | | | |

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS:

| | | | |
|---|--------------|------|--------|
| ARE YOU CURRENTLY: <input type="checkbox"/> Registered <input type="checkbox"/> Licensed <input type="checkbox"/> Certified | | | |
| ARE YOU ELIGIBLE FOR: <input type="checkbox"/> Registration <input type="checkbox"/> Licensure <input type="checkbox"/> Certification | | | |
| TYPE | STATE ISSUED | DATE | NUMBER |
| TYPE | STATE ISSUED | DATE | NUMBER |

It is unlawful in the state of Texas or _____ to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

EMPLOYMENT HISTORY:

Please list previous employers, beginning with the most recent employer first. (It is also important to include addresses, phone numbers, and zip codes.) Resumes may be attached, but are not a substitute for the completed application form.

| | | | |
|---------------------|-----|----------------------|---|
| FROM: | TO: | IMMEDIATE SUPERVISOR | LAST SALARY (Hourly, Monthly or Yearly) |
| JOB TITLE | | | |
| EMPLOYER NAME: | | | PHONE NUMBER |
| ADDRESS: | | | ZIP CODE |
| DUTIES | | | |
| REASON FOR LEAVING: | | | |

| | | | |
|---------------------|-----|----------------------|---|
| FROM: | TO: | IMMEDIATE SUPERVISOR | LAST SALARY (Hourly, Monthly or Yearly) |
| JOB TITLE | | | |
| EMPLOYER NAME: | | | PHONE NUMBER |
| ADDRESS: | | | ZIP CODE |
| DUTIES | | | |
| REASON FOR LEAVING: | | | |

| | | | |
|---------------------|-----|----------------------|---|
| FROM: | TO: | IMMEDIATE SUPERVISOR | LAST SALARY (Hourly, Monthly or Yearly) |
| JOB TITLE | | | |
| EMPLOYER NAME: | | | PHONE NUMBER |
| ADDRESS: | | | ZIP CODE |
| DUTIES | | | |
| REASON FOR LEAVING: | | | |

| | | | |
|---------------------|-----|----------------------|---|
| FROM: | TO: | IMMEDIATE SUPERVISOR | LAST SALARY (Hourly, Monthly or Yearly) |
| JOB TITLE | | | |
| EMPLOYER NAME: | | | PHONE NUMBER |
| ADDRESS: | | | ZIP CODE |
| DUTIES | | | |
| REASON FOR LEAVING: | | | |

| | |
|--|--|
| State if you do not want us to contact any of the above listed former employers and the reason you do not want each contacted: | |
| Can we run a detailed employment check, including but not limited to a check, with your previous employers? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

MILITARY / VOLUNTEER SERVICES (Exclude organizations, the name of which indicates the race, sex, creed, age, marital status, color or nation of origin of its members):

| |
|--|
| DID YOU SERVE IN THE U.S. ARMED SERVICES? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> What branch? _____ Rank? _____ |
| HAVE YOU VOLUNTEERED YOUR TIME OR SERVICES? <input type="checkbox"/> Yes <input type="checkbox"/> No Where? _____ |
| BRIEFLY DESCRIBE DUTIES AND SKILLS ACQUIRED THROUGH VOLUNTEER OR MILITARY SERVICE (include dates): _____ _____ |

PERSONAL REFERENCES:

LIST AT LEAST 3 REFERENCES WHO ARE NOT RELATIVES OR EMPLOYERS:

| NAME AND RELATIONSHIP | TITLE | COMPANY NAME AND ADDRESS | PHONE NUMBER |
|-----------------------|-------|--------------------------|--------------|
| | | | |
| | | | |
| | | | |

OTHER INFORMATION:

Prior to employment, this facility is required by Texas law to perform a criminal conviction check on all unlicensed personnel, and is prohibited from permanently employing any person whose check reveals certain past criminal convictions.

| |
|--|
| <p>HAVE YOU EVER PLED GUILTY TO, BEEN CONVICTED OF, OR RECEIVED PROBATION, DEFERRED ADJUDICATION, OR PRE-TRIAL DIVERSION FOR ANY CRIMINAL OFFENSE, OTHER THAN TRAFFIC CITATIONS? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>IF YES, PROVIDE INFORMATION ON CRIMINAL OFFENSE, DATE, LOCATION (city and state) AND DISPOSITION:</p> <p>ARE YOU CURRENTLY SERVING PROBATION, DEFERRED ADJUDICATION, OR PRE-TRIAL DIVERSION FOR ANY CRIMINAL OFFENSE? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>IF YES, PROVIDE INFORMATION ON CRIMINAL OFFENSE, CURRENT STATUS, AND EXPECTED DATE OF COMPLETION:</p> <p>ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT WITHIN THE UNITED STATES? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
|--|

Each Hospice Employee/Volunteer applicant must pass a criminal history check. In order for us to complete the investigation, we need you to provide us with the following information. The information provided to us will be held confidential and used solely for the purpose of obtaining your background information.

NAME: _____ **MAIDEN NAME (if applicable):** _____ **DATE OF BIRTH:** _____

SOCIAL SECURITY NUMBER: _____

EMPLOYEE/VOLUNTEER ELIGIBILITY NOTICE:

This application for employment is not a guarantee that a job offer will be made. Your qualifications will be considered along with those of other applicants for the job indicated without regard to race, creed, color, age, sex, national origin, or disability. If a job offer is made, it will be contingent upon 1) Satisfactory VERIFICATION OF THE INFORMATION provided in the application and/or employment interviews (a confidential investigation will be conducted by the companies staff); and 2) Satisfactory documentation of the LEGAL AUTHORIZATION TO WORK (such documentation may include a passport, certification of citizenship/naturalization, alien registration card with photo, driver's license AND social security card/birth certificate, or other authorized documents. The required documentation must be presented on or before the first day of employment; 3) Satisfactory results of a drug screening test; and 4) Satisfactory results of a motor vehicle record.

Application Form Waiver

In exchange for the consideration of my job application by **HEART TO HEART HOSPICE** (hereinafter called (the Company), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position appointed for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statement, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of **HEART TO HEART HOSPICE**, or other wise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President/General Manager of the Company. Both the undersigned and **HEART TO HEART HOSPICE** may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements and information contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the company permission to contact and authorize schools, previous employers (unless otherwise indicated), references, and others to release information to the company, and by so doing do hereby release the company from any liability as a result of such contact.

I consent to the release to the company of any and all medical information necessary by the company in judging my capability to do the work for which I am applying.

I also understand that (1) the company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with routine processing of your employment application, the Company may request from a consumer reporting agency and investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, shall provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with Company is terminable at will for any reason by either party.

"I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omission, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment and be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than it's president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing."

NOTE TO APPLICANTS: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN PROVIDED A JOB DESCRIPTION AND INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING:

| |
|---|
| <p>Is there anything that would interfere with or prevent you from performing the essential functions of the job for which you have applied? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
|---|

SIGNATURE OF APPLICANT _____

DATE _____