

Vista Hospice Application for Employment

In keeping with federal, state and local laws, Vista Hospice policy forbids employees and associates from discriminating against anyone based on race, religion, color, gender, age, marital status, national origin, sexual orientation, veteran status, disability or any other characteristic protected by law. We are committed to establishing and maintaining a workplace free of discrimination. We are fully committed to equal employment opportunity. We will not tolerate unlawful discrimination in the recruitment, hiring, termination, promotion, salary treatment or any other condition of employment or career development. Furthermore, we will not tolerate the use of discriminatory slurs, or other remarks, jokes or conduct, that in the judgment of Vista Hospice encourage or permit an offensive or hostile work environment. Vista Hospice also provides reasonable accommodations to disabled employees and applicants as required by law.

Instructions to Applicant

1. You must fully and accurately complete the Application for Employment. Incomplete applications will not be considered. Vista Hospice may use the information given in the application to investigate the applicant's previous employment and background.
2. If you are hired, proof of citizenship or immigration status will be required to verify your lawful right to work in the United States.

Please Print Clearly **Position Applied For:** _____ **Date:** _____

Name: _____

Current Address: _____ City: _____ State: _____ Zip: _____

Phone (home): _____ Phone (cell): _____ Email Address: _____

Best time to contact: _____

Have you submitted an application here before? Yes No If yes, please provide date: _____

Have you ever been employed with us before? Yes No If yes, please provide date: _____

Do you have any relatives who work for Vista Hospice? If so, please list name(s): _____

Are you available to work: Full Time Part-Time Temporary PRN Days Evenings Nights Weekends

Describe Hours and Days Available _____

Compliance

Have you ever been convicted of a misdemeanor or felony? Yes No If yes, please explain in full (Conviction will not necessarily disqualify applicant from employment) _____

In the last 10 years, have you ever been cited for or convicted of a traffic violation with the exception of parking tickets? Yes No

If required by your position, are you able to provide a clean driving record with no moving violations in the last 36 months? Yes No

Do you have any unresolved arrests, warrants or pending criminal charges against you? Yes No

Regarding civil lawsuits or administrative complaints alleging child abuse, spouse abuse, elder abuse, patient abuse, harassment and/or dishonest, violent, or discriminatory conduct (such as fraud, embezzlement, theft, assault, battery, etc.), have you ever been found *liable* (i.e., judgment was rendered against you) in any such matter, or is any such matter currently pending against you? Yes No

Have you ever been the subject of any exclusion, suspension or debarment action by the General Services Administration (GSA), Office of Inspector General (OIG) or any other federal health care program, including but not limited to Medicare, Medicaid, or Tricare? Yes No

Education

	High School or GED	Trade School or Certificate Program	College/University	College/University	Graduate School
School Name, City & State					
Graduate? Please circle	Yes No	Yes No	Yes No	Yes No	Yes No
Diploma/Degree/Certificate Obtained					
Years Completed					
Field of Study					

List scholastic honors, specialized training, apprenticeship, languages spoken and fluency, and extra-curricular activities that may be helpful in considering your application: _____

Please list licenses, certifications and registrations currently held:

License/Certification/Registration	Expiration Date	Number (if applicable)

Employment Experience

List ALL previous employment for the past 10 years, starting with your most recent/last position. Make sure to include job duties and military experience. Information on this application will be used in screening applications and calculating compensation. Incomplete applications will not be considered. A resume is encouraged but will NOT serve as a substitute for the application. Make sure to include volunteer work or other job related training which provides information on skills/abilities you have developed. Account for any time during this period that you were unemployed by stating the nature of your activities. Please indicate if you were employed under a different name.

1. Company Name	Position Title	Dates Employed From: To:	Duties/Responsibilities
Company Street Address	Company City	Company State, Zip	Company Phone Number
Direct Supervisor Name:	Direct Supervisor Title:	Direct Supervisor E-mail: Phone:	Okay to contact? If no, explain:
Reason for leaving: Currently employed _____ Resigned _____ Terminated _____ Laid off _____ Other _____	Eligible for rehire? Yes _____ No _____	Starting Hourly Rate/Salary	Final Hourly Rate/Salary

2. Company Name	Position Title	Dates Employed From: To:	Duties/Responsibilities
Company Street Address	Company City	Company State, Zip	Company Phone Number
Direct Supervisor Name:	Direct Supervisor Title:	Direct Supervisor E-mail: Phone:	Okay to contact? If no, explain:
Reason for leaving: Currently employed _____ Resigned _____ Terminated _____ Laid off _____ Other _____	Eligible for rehire? Yes _____ No _____	Starting Hourly Rate/Salary	Final Hourly Rate/Salary

3. Company Name	Position Title	Dates Employed From: To:	Duties/Responsibilities
Company Street Address	Company City	Company State, Zip	Company Phone Number
Direct Supervisor Name:	Direct Supervisor Title:	Direct Supervisor E-mail: Phone:	Okay to contact? If no, explain:
Reason for leaving: Currently employed _____ Resigned _____ Terminated _____ Laid off _____ Other _____	Eligible for rehire? Yes _____ No _____	Starting Hourly Rate/Salary	Final Hourly Rate/Salary

4. Company Name	Position Title	Dates Employed From: To:	Duties/Responsibilities
Company Street Address	Company City	Company State, Zip	Company Phone Number
Direct Supervisor Name:	Direct Supervisor Title:	Direct Supervisor E-mail: Phone:	Okay to contact? If no, explain:
Reason for leaving: Currently employed _____ Resigned _____ Terminated _____ Laid off _____ Other _____	Eligible for rehire? Yes _____ No _____	Starting Hourly Rate/Salary	Final Hourly Rate/Salary

If you need additional space, please continue on a separate sheet of paper.

PRE-HIRE BACKGROUND AUTHORIZATION

Read the following carefully before signing:

I certify that all of the information given by me on this Application or in supplemental form is true and correct to the best of my knowledge and belief. I further understand that false or misleading statements on this Application or supplemental forms are sufficient cause for my dismissal if I am hired.

I understand that none of Vista Hospice practices or policies are to be construed as imposing any binding obligations on Vista Hospice, and that they are subject to change or deletion at any time by Vista Hospice in its sole discretion.

I acknowledge that Vista Hospice reserves the right to require tests for alcohol or drugs during the course of my employment, consistent with applicable law, including but not limited to the Americans with Disabilities Act. I further authorize any health care professional or testing facility who performs such an examination or who has other information concerning my test results to release such information to Vista Hospice. Drug test results with a positive outcome for any unauthorized illegal substance will result in disciplinary action, up to and including termination of employment. I understand that should I be employed by Vista Hospice, my employment is "at will." "At will" means that either party may end the relationship at any time for any reason, with or without notice. There is no promise or guarantee of employment or that my employment will continue for any specific period of time.

I understand that any verbal discussions about my employment by Vista Hospice representatives are not binding upon Vista Hospice. My eligibility for specific terms and conditions of employment must be confirmed in writing by a duly authorized Vista Hospice representative. I understand that Vista Hospice may contact past employers, educational institutions, various governments databases (i.e. HHS/OIG/GSA) and references for verification of the information listed in this Application, or provided by me on supplemental documents, and I authorize any such organizations or individuals to provide the requested information. I also understand that any offer of employment I may receive is conditioned on me successfully passing, to Vista Hospice's satisfaction, Vista Hospice's background check (including, but not limited to: criminal, financial, civil) as well as any applicable fit-for-position or other tests that Vista Hospice's requires for the position I am seeking.

I hereby acknowledge that I have read and understand each of the above statements.

Printed Name: _____ Date: _____

Signature: _____