

APPLICATION FOR EMPLOYMENT

ALL REQUESTED INFORMATION MUST BE COMPLETED. PLEASE PRINT IN BLACK INK OR TYPE.

PERSONAL INFORMATION						
Today's Date	Position Applying For			Minimum Acceptable Salary		
Last Name	First Name	Middle	Social Security Number -			
Address		City	State	Zip		
Phone (home):	Phone (work):	Email address (optional)		When can you begin to work?		
Whom should we notify in case of emergency:						
Name	Address		Phone	Relation		
EDUCATION						
	School/ Institution	City/State	Dates Attended	Did you Graduate/ Complete	Certificate, Diploma, Degree, GED	Courses or Major
High School /GED						
Vocation/ Tech School						
College or University						
Other						
List Scholastics Honors, Membership in Professional Societies, etc.						
OTHER REQUIRED INFORMATION						
State/Number of Current Driver's License			Number/Expiration Date of Professional or Occupational Licenses			
List job-related skills you have, including medical procedures you are qualified to perform.						
Have you ever been convicted of a criminal offense related to Healthcare? <input type="checkbox"/> YES <input type="checkbox"/> NO						
Have you ever been listed by a Federal Agency as sanctioned, suspended, or barred from participation in Federal Healthcare Programs such as Medicare/Medicaid or any other government program? <input type="checkbox"/> YES <input type="checkbox"/> NO						
Have you ever been convicted of any crime(s) (felony or misdemeanor including DUI) other than a routine traffic citation? If yes, you must disclose all offenses on the "Consent for Background Investigation" form. <input type="checkbox"/> YES <input type="checkbox"/> NO						
Have you ever been associated with Hope Hospice, Inc., in any employment capacity?			Are you a relative of anyone working for Hope Hospice, Inc.? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, name and relationship:			
Hope Hospice, Inc., is an Equal Opportunity/Affirmative Action employer.						
CERTIFICATION BY APPLICANT						
I certify that the information given on this application and in any other supporting documentation, resume, etc. is true and correct. I understand that any false information, willful or negligent misrepresentation, or failure to disclose any requested information will constitute sufficient grounds for Hope Hospice, Inc. to terminate my employment without notice. I further understand that Hope Hospice, Inc., will perform a pre-employment investigation to determine my suitability for employment and I authorize Hope Hospice, Inc., to secure the information necessary to make a decision. I hereby release from liability any and all individuals and organizations who provide information to Hope Hospice, Inc., concerning my professional competence, ethics, character and other qualifications and authorize my prior employers to release any requested information from my personnel files. I further understand that Hope Hospice, Inc., will adhere to applicable state and federal statutes concerning the securing of information, handling, utilization and release of information obtained in the pre-employment investigation. I acknowledge by my signature that I have read and understand these statements.						
Signature:				Date:		

EMPLOYMENT HISTORY

List most recent employer first.

Employer's Name			Dates of Employment (month/year)	
Street Address	City	State	Zip	Phone
Position held		Salary		
Supervisor's Name/Title				
Reason for leaving				

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Reason for leaving				

May we communicate with your employers? Past: YES NO Present: YES NO

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Signature: _____ **Date:** _____

CRIMINAL HISTORY DISCLOSURE

If you have ever been convicted of any crimes (felony or misdemeanor including DUI) other than routine traffic citations, please list each offense, the date of conviction, and the city, county, and state where convicted. If this does not apply to you, please put "N/A" (Not Applicable) in the first block.

Type of Offense	Date of Conviction	City/Count/State of Conviction

MOVING TRAFFIC CITATIONS

Please list all moving traffic citations received within three years from the date of this application. If this does not apply to you, please put "N/A" (Not Applicable) in the first block.

Type of Offense	Date of Conviction	City/Count/State of Conviction

Signature of Applicant

Date Signed

NOTICE AND ACKNOWLEDGMENT

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]

NOTICE REGARDING BACKGROUND INVESTIGATION

Hope Hospice may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may include employment history and reference checks, criminal and civil litigation history information, motor vehicle records ("driving records"), sex offender status, credit reports, education verification, professional licensure, drug testing, Social Security Verification, and information concerning workers' compensation claims (only once a conditional offer of employment has been made). You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Employment Screening Services, 1401 Providence Park Birmingham, AL 35242, toll-free 866.859.0143 or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing Hope Hospice to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified above directly.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by ESS, another outside organization acting on behalf of Hope Hospice I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law.

The following is for identification purposes only to perform the background check and will not be used for any other purpose:

Date Drivers License Number

Print Full Name Social Security Number

Signature of Employee or Prospective Employee Date of Birth

Current Address:

Previous Address (Past 7 Years):

Alias Names (Other names I have been known by):

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every consumer-reporting agency (CRA). Most CRA's are credit bureaus that gather and sell information about you such as if you pay your bills on time or have filed bankruptcy to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you such as denying an application for credit, insurance, or employment must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRA's to which it has provided the data of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it.

However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

You can dispute inaccurate items with the source of the information. If you tell anyone such as a creditor who reports to a CRA that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.

Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA usually to consider an application with a creditor, insurer, employer, landlord, or other business.

Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT:
CRA's, creditors and others not listed below	Federal Trade Commission Consumer Response Center - FCRA Washington, DC 20580 * 202-326-3761
National banks, federal branches/agencies of foreign banks (word National@ or initials N.A.@ appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 * 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 * 202-452-3693
Savings associations and federally chartered savings banks (word Federal@ or initials F.S.B.@ appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 * 800-842-6929
Federal credit unions (words Federal Credit Union@ appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 * 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 * 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 * 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator B GIPSA Washington, DC 20250 * 202-720-7051

This Employer Participates in E-Verify



This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants or to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

In order to determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo screening tool to match the photograph appearing on some permanent resident and employment authorization cards with the official U.S. Citizenship and Immigration Services' (USCIS) photograph.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or

citizenship status, please call the Office of Special Counsel at 1-800-255-7688 (TDD: 1-800-237-2515).

NOTICE:

Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.

Employment Verification.  **Done.**

For more information on E-Verify, please contact DHS at:
1-888-464-4218



E-VERIFY IS A SERVICE OF DHS AND SSA

IF YOU HAVE THE RIGHT TO WORK, Don't let anyone take it away.



If you have a legal right to work in the United States, there are laws to protect you against discrimination in the workplace.

You should know that –
No employer can deny you a job or fire you because of your national origin or citizenship status.

In most cases employers cannot require you to be a U.S. citizen or permanent resident or refuse any legally acceptable documents.

If any of these things have happened to you, you may have a valid charge of discrimination that can be filed with the OSC. Contact the OSC for assistance in your own language.

Call 1-800-255-7688. TDD for the hearing impaired is 1-800-237-2515.

In the Washington, D.C., area, please call 202-616-5594, TDD 202-616-5525

Or write to:
U.S. Department of Justice
Office of Special Counsel - NYA
950 Pennsylvania Ave., N.W.
Washington, DC 20530

**U.S. Department of Justice
Civil Rights Division**

Office of Special Counsel for
Immigration-Related Unfair
Employment Practices

