



**GOOD  
SAMARITAN  
HOSPICE**

# Application for Employment

Equal Opportunity Employer

**Personal Information:**

**Date of Application:** \_\_\_\_\_

Name: (Last)		(First)	(MI)	Social Security Number:	
Referred by:			Phone Number:		Cell Number:
Present Address:	City:		State:		Zip Code:
Mailing Address (if different):	City:		State:		Zip Code:
Email Address (Optional):					

**Employment Desired:**

Position:		Salary Desired:	Date you can start:	
Have you ever applied to this company before?		If so, when?	Where?	
Are you currently employed?			If so, may we contact your employer?	
License and/or Certification:		Type:		State:

**Educational Information:**

	Address & Phone number of School	Years attended	Graduate/Year	Subjects studied
High School				
College				
Trade, Business or Correspondence School				

**Special Skills:**

Subjects of Special Study/Special Training/Other Skills:	
U.S. Military Service:	Rank:

**Former Employers:** (List your last four employers, starting with the most recent)

Date Month & Year	Name, Address & Phone number of Employer	Salary	Position(s) Held	Reason for Leaving
From:		Begin:		
To:		End:		
<b>Name of Supervisor</b>		<b>Contact Info</b>		
From:		Begin:		
To:	End:			
<b>Name of Supervisor</b>		<b>Contact Info</b>		
From:		Begin:		
To:	End:			
<b>Name of Supervisor</b>		<b>Contact Info</b>		
From:		Begin:		
To:	End:			
<b>Name of Supervisor</b>		<b>Contact Info</b>		
From:		Begin:		
To:	End:			
<b>Name of Supervisor</b>		<b>Contact Info</b>		
From:		Begin:		
To:	End:			

**References:** (Give the names of three persons, not related to you, whom you have know at least one year)

Name	Address & Phone Number	Business	Years Known

How did you hear about this position?

Newspaper   
  Internal Job Vacancy Announcement   
  College Placement Service   
  Employee Referral   
  Other

**Additional Questions:**

1. Have you lived or worked in any state other than Virginia in the past 3 years?     Yes     No  
 If so, please list all states and time frames: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1. Is there anything that would prevent you from fulfilling the requirements of the position for which you are applying? \_\_\_\_\_

\_\_\_\_\_

2. Briefly explain what interests you about hospice work. \_\_\_\_\_

\_\_\_\_\_

**DRIVING RECORD**

Minimum driving standards for Good Samaritan Hospice staff who drive as a normal part of their job description requires that a prospective employee have (1) *no more than three moving violations or more than one chargeable accident*, (2) *no major convictions (drunk, drug, or reckless driving)*, and (3) *no license suspensions or revocations related to the above parameters within the past 36 months*. Applicants with a driving record that fails to meet these requirements may be ineligible for employment.

Please complete and sign the information below which gives Good Samaritan Hospice authorization to check your driving record in accordance with the above regulatory requirements.

NAME (AS IT APPEARS ON CURRENT LICENSE) \_\_\_\_\_  
 PREVIOUS NAMES, IF ANY \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 DRIVER LICENSE NUMBER \_\_\_\_\_  
 AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**SWORN STATEMENT REGARDING CRIMINAL ACTIVITY**

Virginia Hospice Regulations require that employees working for hospice provide a sworn statement or affirmation disclosing any criminal convictions or any pending criminal charges, whether within or without the Commonwealth of Virginia.

- This is my sworn statement that I have never been convicted of ANY criminal charge and I am NOT subject to any pending charges for any criminal offense within or without Virginia.
- This is my sworn statement that I have been convicted or I have pending the following criminal charges:

<u>Date of Offense</u>	<u>Description of Offense</u>	<u>Disposition</u>	<u>Disposition Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Authorization:**

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if I am employed any falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representation of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. I also understand that Good Samaritan Hospice performs pre-employment, random, and for cause drug screening and that I must pass this screening to be eligible for employment.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_