

APPLICATION FOR EMPLOYMENT

Instructions: Complete all necessary information. You may be asked to provide additional information on another form. This application will be kept on file. It is to your advantage to periodically check to keep it current and active. Be sure to sign and date the application. *Please print.*

Name: _____

Social Security #: _____ Ph. #: _____

Address: _____

City/State/Zip: _____

Position applied for: _____ Date you can start: _____

Salary desired \$ _____ an hour. Will you accept full-time work? Yes No Will you accept part-time work? Yes No

EDUCATION BACKGROUND

(Circle highest level completed)

| |
|-------------------------|
| High school: 9 10 11 12 |
| College: 1 2 3 4 |

California

RN License # _____

LVN License # _____

HHA License # _____

CNA License # _____

Verified by _____

Verified by _____

Verified by _____

Verified by _____

PREVIOUS EMPLOYMENT AND THEIR ADDRESS

(List the most recent employer first)

1. Company Name: _____ Position: _____

Supervisor's Name: _____ Position: _____

Address: _____ Phone (____) _____

City: _____ State: _____ Zip: _____

Employed from: _____ to: _____ Last Wage: _____

Reason for leaving: _____

Do you authorize Hospice of San Joaquin to contact this employer Yes No

2. Company Name: _____ Position: _____

Supervisor's Name: _____ Position: _____

Address: _____ Phone (____) _____

City: _____ State: _____ Zip: _____

Employed from: _____ to: _____ Last Wage: _____

Reason for leaving: _____

Do you authorize Hospice of San Joaquin to contact this employer Yes No

3. Company Name: _____ Position: _____

Supervisor's Name: _____ Position: _____

Address: _____ Phone (____) _____

City: _____ State: _____ Zip: _____

Employed from: _____ to: _____ Last Wage: _____

Reason for leaving: _____

Do you authorize Hospice of San Joaquin to contact this employer Yes No

PERSONAL REFERENCES (Other than family members or previous employers)

1. Name: _____ Phone (____) _____

Address: _____

City: _____ State: _____ Zip: _____

Do you authorize Hospice of San Joaquin to contact this individual Yes No

2. Name: _____ Phone (____) _____

Address: _____

City: _____ State: _____ Zip: _____

Do you authorize Hospice of San Joaquin to contact this individual Yes No

OPTIONAL INFORMATION

What foreign languages, if any do you speak fluently: _____

Read: _____ Write: _____

DRIVING HISTORY

Do you currently have a valid driver's license? No Yes, State: _____ ID#: _____

Have you been involved in any motor vehicle accidents No Yes *
While driving the past three years?

Have you ever been convicted of any moving violations in the past five years? NO Yes

* If yes to any of these questions, please explain below, include appropriate details.

PRE-EMPLOYMENT SCREENING AFTER AN ACCEPTED OFFER

Health Screening and background check is required for all employees. Employment is contingent on the results of these pre-employment screenings.

CRIMINAL HISTORY

Have you been convicted of any crime in the past 7 years? No Yes*

*If "yes," please explain below giving date, charge and any other details you feel are appropriate. Please note that a conviction record will not necessarily bar employment. All relevant factors such as seriousness/nature of the infraction and rehabilitation will be considered.

OTHER NECESSARY INFORMATION

Do you have a right to be employed in the U.S.? No Yes (If yes, proof is required)

Are you of legal age to work? No Yes

I understand that the Immigration Reform and Control Act of November 6, 1986 requires me to prove the legality of my residency or citizenship. I am also aware that the failure to provide such proof at the time of request may legally force my termination.

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by the company (including when applicable, motor vehicle records, criminal history and validity of social security number) unless I have indicated to the contrary. I understand that any misrepresentation, falsification or material omission of information on this application may result in my failure to receive an offer or, if I am hired, my dismissal from employment.

Further, I understand that nothing contained in this employment application or in the granting of an interview is to create a contract between me and this company for either employment or the provision of any benefits; and further understand that if an employment relationship subsequently is established, I will have the right to terminate my employment at any time and the company will have a similar right. In addition, I understand that no promise, representation or agreement contrary to the foregoing is binding on the company unless made in writing and signed by me and an authorized representative of the company.

Applicant's signature _____ Date _____

Please return completed & signed application to:

Hospice of San Joaquin
3888 Pacific Avenue
Stockton, CA 95204

NOTIFICATION AND RELEASE AUTHORIZATION

In connection with my application for employment with HOSPICE OF SAN JOAQUIN, I understand that you will be requesting information from KROLL concerning my Social Security number, motor vehicle operation history and criminal

history to the extent permitted by law from various local, state, and federal agencies, private and insurance sources, and other public records available. Further, I understand that a consumer and/or investigative report may be requested from KROLL that will include information as to my character, general reputation, personal characteristics, mode of living, work habits, performance and experience, along with reasons for termination of past employment from previous employers.

I VOLUNTARILY AND KNOWINGLY AUTHORIZE ANY PRESENT OR PAST EMPLOYER OR SUPERVISOR; COLLEGE OR UNIVERSITY OR OTHER INSTITUTION OF LEARNING; ADMINISTRATOR; LAW ENFORCEMENT AGENCY, STATE AGENCY, LOCAL AGENCY, FEDERAL AGENCY, FINANCE BUREAU/OFFICE; CREDIT BUREAU; COLLECTION AGENCY; PRIVATE BUSINESS; MILITARY BRANCH OR THE NATIONAL PERSONNEL RECORDS CENTER; PERSONAL REFERENCE; AND/OR OTHER PERSONS TO GIVE RECORDS OR INFORMATION THEY MAY HAVE CONCERNING MY CRIMINAL HISTORY, MOTOR VEHICLE HISTORY, SOCIAL SECURITY NUMBER, EARNINGS HISTORY, CREDIT HISTORY, CHARACTER, AND EMPLOYMENT (INCLUDING REASONS FOR TERMINATION) OR ANY OTHER INFORMATION REQUESTED BY KROLL. I VOLUNTARILY AND KNOWINGLY UNCONDITIONALLY RELEASE ANY NAMED OR UNNAMED INFORMANT FROM ANY AND ALL LIABILITY RESULTING FROM THE FURNISHING OF THIS INFORMATION. THIS AUTHORIZATION SHALL BE VALID FOR ONE YEAR FROM THE DATE SIGNED AND SHALL AUTOMATICALLY RENEW FOR SUCCESSIVE ONE YEAR TERMS AT EACH ANNIVERSARY DATE UNLESS WRITTEN NOTICE NOT TO RENEW IS PROVIDED BY ME TO HOSPICE OF SAN JOAQUIN THIRTY DAYS PRIOR TO EACH ANNUAL ANNIVERSARY. A PHOTOGRAPHIC OR FAXED COPY OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL.

I understand that I have the right to request a complete and accurate disclosure of the nature and scope of the investigation requested. Further, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Reporting Agency. If so, I will be so advised in writing and be given the name and address of the agency, a statement that the action was based in whole or in part on information contained in the Report, and written notice that I have the right (i) if I request, to obtain within sixty days a free copy of the Report from the Reporting Agency, and from any other consumer credit Reporting Agency which compiles and maintains files on consumers on a nationwide basis; and, (ii) to dispute the accuracy or completeness of any information in a consumer credit report furnished by the Reporting Agency. By placing a check in the following box , I am hereby requesting that I be furnished with a copy of the Report. I understand the Report will be provided to me at the same time it is provided to my prospective employer. I further understand that upon my request, on reasonable notice, Kroll will supply me with investigative information in my file during normal business hours in person, or, upon written request, by mail or telephone as permitted by law.

The Report shall be provided by KROLL

100 Centerview Drive, Suite 300
Nashville, TN 37214
PHONE: (818) 990-HIRE or (800) 234-HIRE
FAX: (818) 990-8998

The following must be filled out completely for your application to be considered

(Please Print Clearly)

LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME/ INITIAL: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SOCIAL SECURITY NUMBER

DRIVER'S LICENSE NUMBER

STATE ISSUED

PLEASE PROVIDE YOUR MONTH AND DAY OF YOUR BIRTH. THIS INFORMATION IS REQUIRED TO PERFORM THE BACKGROUND SCREENING WHICH IS A REQUIREMENT FOR EMPLOYMENT. **EQUAL OPPORTUNITY EMPLOYER**

_____/_____/_____
MONTH DAY YEAR

HAVE YOU USED ANY NAMES OR SOCIAL SECURITY NUMBERS OTHER THAN ABOVE? Yes No

Please List Other Names Used _____ Please List Other SS Number Used _____

SIGNATURE: _____ DATE: _____