

LEGACY HOME HEALTH & HOSPICE

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Each question should be fully and accurately answered. Please write legibly. All information given will be available only to persons who have a "need to know" or as required by law. This company will make reasonable accommodation in the application process, if needed. *This application is current only for thirty (30) days, at the conclusion of which time, if you have not heard from us and still wish to be considered for employment, it will be necessary for you to complete a new application.*

PERSONAL INFORMATION

Today's Date: _____

Name: _____

Last

First

Middle

Present Address: _____

Street

City

State

Zip

Home Phone Number: _____ Alternate Phone Number: _____

(For driving positions only) Drivers license number: _____ State issued: _____

EMPLOYMENT DESIRED

Position Applying For: (must be a posted position): _____

Are you licensed and/or certified as: (please check applicable areas)

- | | | |
|--|---|---|
| <input type="checkbox"/> Registered Nurse (RN) | <input type="checkbox"/> Social Worker (MSW/LSW) | <input type="checkbox"/> Home Health Aide (CNA) |
| <input type="checkbox"/> Physical Therapist (PT) | <input type="checkbox"/> Licensed Practical Nurse (LPN) | <input type="checkbox"/> Hospice Aide (CNA) |
| <input type="checkbox"/> Occupational Therapist (OT) | <input type="checkbox"/> Speech Therapist (ST) | <input type="checkbox"/> Other: _____ |

State/s you are currently licensed in: _____

If you are an experienced operator of any position-related business machines or equipment, please list:

Other job related skills: _____

After reviewing the job description for the position to which you have applied are you able to perform the essential job functions with or without reasonable accommodations? Yes No

Have you ever applied to Legacy before? Yes No When? _____ Where? _____

EMPLOYMENT REFERENCES (List employers, **most recent first**) Explain any gaps of employment – please use separate piece of paper

Dates	Complete Name, Address, City, State, Zip	Phone	Salary (Hourly Rate)	Position	Reason For Leaving
From					
To			Supervisor: _____		
From					
To			Supervisor: _____		
From					
To			Supervisor: _____		
From					
To			Supervisor: _____		
From					
To			Supervisor: _____		
From					
To			Supervisor: _____		

May we contact your present employer? Yes No (If no, please indicate the reason)

Have you ever been involuntarily terminated or have you ever resigned rather than face involuntary termination from any job? Yes No (If so, please indicate the employer & reason) _____

Have you ever received disciplinary action including, but not limited to, a written warning, suspension, demotion or termination of employment? If so, please explain each incident by providing the date of occurrence, disciplinary action taken, facts surrounding the action (e.g., specific policy violation or performance issue), and the name of the employer. If you need additional space, please continue on a separate piece of paper. It is critical that you provide accurate information so the Company can assess the significance of the prior action. Failure to fully disclose information may result in disqualification from employment consideration, or if hired, termination. **Please explain:**

Have you ever been convicted, entered a plea of no contest or received a withheld judgment for any criminal offense (misdemeanor or felony)? Yes No (A conviction will not necessarily disqualify an applicant)

Have you ever been cited for any traffic violations, other than parking, in the last 3 years? Yes No
List: _____

EDUCATION									
Circle Grade Completed:	8	9	10	11	12	13	14	15	16
	Name of School	Location	Did you Graduate?	Degree					
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No						
College			<input type="checkbox"/> Yes <input type="checkbox"/> No						
Trade/Business			<input type="checkbox"/> Yes <input type="checkbox"/> No						

REFERENCES - Please list the names of three persons *not* related to you, whom you have known at least one year.

Name	Address	Phone	Relationship	Years Known

WORK DESIRED

Do you have transportation available during required work hours? _____

In what geographical areas are you willing to work? _____

HOURS AVAILABLE TO WORK

	Sat	Sun	Mon	Tues	Wed	Thurs	Fri
FROM							
TO							

Are you available to work: Weekends? Yes No **Holidays?** Yes No

PLEASE READ CAREFULLY BEFORE SIGNING:

I certify that the information contained in this employment application is correct and that falsification of this information shall result in, dismissal if I am employed by Legacy Home Health Care/Hospice. If employed by Legacy Home Health Care/Hospice, I understand that employment is at will, meaning it may be terminated, with or without cause, at any time, with or without notice, both at my option, and at the option of Legacy Home Health Care/Hospice, unless prohibited by law. I further understand that Legacy Home Health Care/Hospice may, from time to time, promulgate employment policies and procedures or other information concerning employment and benefits. I agree that no such information, whether written or otherwise, shall constitute an employment contract, either express or implied. If I am employed by Legacy Home Health Care/Hospice, I fully understand that no manager or other representative of Legacy Home Health Care/Hospice, other than the Administrator/Owner, shall have any authority to enter into any other contract for employment or any other agreement contrary to the foregoing.

This Employment Application is used to notify me that the nature and scope of an investigation, if one is conducted, could include such general identification information as residence verification, and as applicable, information concerning my employment, education, general reputation, character, and that such information may be developed through personal interviews with third parties. Only job related information developed from such a report will be considered in evaluating my employment application or continued employment. I hereby authorize these persons, companies, organizations or corporations to answer all questions or release any information regarding the items listed in this paragraph. I hereby release them from any liability and hold them harmless from any claim for releasing any truthful information within their knowledge and/or records.

I authorize the Company to release to any person, firm, entity or organization with which I may seek employment in the future, any truthful information concerning my work experience with the Company. I hereby release and hold the Company harmless from any claim for releasing any truthful information within its knowledge and/or records. I have had an opportunity to have my questions about this statement's content and intent answered and understand its terms.

Applicant's Signature: _____

Date: _____