



HOSPICE CARE of Southwest Michigan
Here for Life

Kalamazoo Office
222 N. Kalamazoo Mall, Suite 100
Kalamazoo, Michigan 49007-3882
(269) 345-0273 Phone
(269) 345-8522 Fax

Paw Paw Office
801 Hazen Street, Suite A
Paw Paw, Michigan 49079-2008
(269) 657-7300 Phone
(269) 657-8702 Fax

Rose Arbor Hospice Residence
5473 Croyden Avenue
Kalamazoo, Michigan 49009-1091
(269) 345-8910 Phone
(269) 345-8750 Fax

APPLICATION for EMPLOYMENT

An Equal Opportunity Employer

| | | | | | |
|---|--------|-------|------------|-------------|--|
| Name | | | | | |
| | Last | First | Middle | Soc. Sec. # | |
| | Street | | | | |
| | City | State | Zip | | |
| Home Phone | () | | Work Phone | () | |
| Is any additional information relative to a different name necessary to check a work record? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |

| | | |
|--|---------------------------------------|---|
| Job for which you are applying: | | |
| <input type="checkbox"/> Administrative/Clerical | <input type="checkbox"/> Management | <input type="checkbox"/> RN |
| <input type="checkbox"/> Billing Specialist | <input type="checkbox"/> Marketing | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Companion Aide | <input type="checkbox"/> Nutritionist | <input type="checkbox"/> Support Services |
| <input type="checkbox"/> Home Health Aide | <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> LPN | <input type="checkbox"/> Physician | |
| Please specify type of employment desired: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> PRN Other _____ | | |
| Pay requirements: \$ _____ (per year) | | |
| Date available for Employment: _____ | | |
| If applying for a position which involves driving, as a key responsibility, do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No License # _____ | | |
| Can you perform the essential duties of the job in which you wish to be employed, with or without accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Do you have any commitments or responsibilities that may hinder meeting work requirements, i.e., meeting specified work schedules, etc. <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

EDUCATION AND CREDENTIALS

| School | Name and Location | Major Field of Study | Last Year Completed | Did You Graduate | Degree Received |
|---------|-------------------|----------------------|---------------------|---|-----------------|
| High | _____ | | 9 10 11 12 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| College | _____ | | 1 2 3 4 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Other | _____ | | 1 2 3 4 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

List any special credentials or certifications, copy of licensure, year obtained, and sponsoring organization:

List current professional affiliations and organizations: _____

Have you ever supervised the work of others? Yes No
Explain (level, number of years, where, etc.)

List any special skills _____

Have you ever been convicted of a crime? Yes No

If yes, when, where, and nature of offense:

PROFESSIONAL REFERENCES

Contact Person: _____ Relationship: _____

Phone #: _____ Address: _____

Contact Person: _____ Relationship: _____

Phone #: _____ Address: _____

Contact Person: _____ Relationship: _____

Phone #: _____ Address: _____

EMPLOYMENT HISTORY Please give accurate, complete full-time and part-time employment record.
Start with your present or most recent employer.

| | |
|---|------------------------------------|
| Company Name: | Telephone () |
| Address: | Employed – (month/year) From To |
| Name of Supervisor: | Hourly Pay Start Last |
| State Job Title and Describe Your Work: | Reason for Leaving |
| We may contact the employer listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No | If No, please explain: |
| Company Name: | Telephone () |
| Address: | Employed – (month/year) From To |
| Name of Supervisor: | Hourly Pay Start Last |
| State Job Title and Describe Your Work: | Reason for Leaving |
| We may contact the employer listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No | If No, please explain: |
| Company Name: | Telephone () |
| Address: | Employed – (month/year) From To |
| Name of Supervisor: | Hourly Pay Start Last |
| State Job Title and Describe Your Work: | Reason for Leaving |
| We may contact the employer listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No | If No, please explain: |
| Company Name: | Telephone () |
| Address: | Employed – (month/year) From To |
| Name of Supervisor: | Hourly Pay Start Last |
| State Job Title and Describe Your Work: | Reason for Leaving |
| We may contact the employer listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No | If No, please explain: |

PLEASE READ CAREFULLY

Accommodation

Both Federal and Michigan laws require employers to accommodate disabled applicants and employees where the accommodation does not impose an undue hardship on the employer. Disabled employees and applicants may request an accommodation of their disability. Under Michigan law, an employee must notify the Company in writing of the need for accommodation within 182 days of the date the disabled person knows or should know that an accommodation is needed. Failure to properly notify the Company will preclude any claim that the Company failed to accommodate the person with a disability.

Pre-Placement Exam

I agree and understand that any employment offer is conditional upon the results of the pre-placement medical exam.

Reference &/or Licensure Verification Release

I authorize the company to verify the information that I have provided in connection with this application and to make any investigations of my background deemed necessary for the position(s) for which I am applying. I release all individuals and organizations from any liability or damages which may result from furnishing such information. I waive any right under Public Act 397 of 1978 to receive written notice from this company or former employers that such information has been released.

Criminal Background Check

I authorize the company to conduct a criminal background check as part of my application for a position with the agency.

At Will Employment

In consideration of my employment, I agree to conform to the personnel policies and any other rules and regulations of the company. My employment and compensation can be terminated, for any and no reason, and with or without notice, at any time, at the option of either the company or myself. I understand that no representative of the company has any authority to enter into any agreement of employment for any specified period of time, or to make any agreement contrary to the foregoing, unless in the form of a written personal contract signed by the CEO of the agency.

The signature below will serve to confirm the filing of my application seeking employment with Hospice Care of Southwest Michigan. I hereby certify all information to be accurate and true. Applications are kept on file for 1 year.

Signature

Date

FOR INTERNAL USE ONLY

Interviewed by

Date

Comments

Interviewed by

Date

Comments

Signature of Hiring Manager

Date

This Section to be completed by Human Resource Department

Starting Date

Starting Wage

Department

Position

- Hospice of Greater Kalamazoo
- Van Buren County
- Cass County
- Rose Arbor

Signature Director of Finance/Personnel

Approved for Hire

Date

Signature, Hiring Director