

TRUE HEARTS AND HANDS HOSPICE

An Equal Opportunity Employer

APPLICATION FOR VOLUNTEER PROGRAM

We do not discriminate on the basis of age over 40, race, sex, color, religion, national origin, disability, or any other applicable status protected by state or local law. It is our intention that all qualified applicant be given equal opportunity and that selection decisions be based on job-related factors.

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Last Name: _____ First Name _____ Preferred Name: _____ Middle Initial: _____

Mobile Phone _____ Home Phone: _____ Email Address: _____

Job Applied For (*RN SW, Chaplin, Supv, CNA, Volunteer, etc.*): _____

Today's Date ____/____/____

Street Address (*not a PO Box*) _____ City _____ State _____ Zip Code _____

Are you 18 year of age or older? Yes ____ No ____ (*Upon job offer, you may be required to submit proof of age.*)

When are you available to start Volunteering? _____

Social Security # _____ - _____ - _____

If hired, can you furnish proof identity and eligibility to work in the U.S.? Yes ____ No ____

EDUCATION	# of Years Completed	Diploma/Degree	Subject(s) Studied
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LIST NAME AND ADDRESS OF SCHOOLS ATTENDED

High School or GED _____

College or University _____

Vocational or Technical _____

What skills or additional training do you have – related to the Volunteer Program? _____

What machines or equipment can you operate? _____

Initials: _____

PRIOR HISTORY

Have you ever applied with our Company before? Yes ____ No ____ If yes, when? _____

Have you ever been employed with our Company? Yes ____ No ____ yes, when? _____

Have you worked or attended school under any other name? Yes ____ No ____

If yes, please provide name(s) _____

Have you ever been fired from a job or asked to resign? Yes ____ No ____

If yes, please explain : _____

Are you now or do you expect to be engaged in any other business or employment? Yes ____ No ____

If yes, please explain: _____

For Driving Jobs: Do you possess a valid driver's license? Yes ____ No ____

Have you had your driver's license suspended or revoked in the last 3 years: Yes ____ No ____

If yes, provide details: _____

Have you ever been convicted of any law violation (except a minor traffic violation)? Yes ____ No ____

If yes, please provide details: _____

(A "Yes" answer does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying will also be considered.)

List professional, trade, business or civic activities and offices held.

(Exclude labor organizations and memberships which reveal age over 40, race, sex, color, religion, national origin, disability or other protected status.)

EMPLOYMENT/VOLUNTEER HISTORY

List names of employers/volunteer organizations beginning with present or most recent. Account for all periods of time for the past 10 years including military service and any periods of unemployment, using another piece of paper if necessary. If self-employed, give firm name and supply business references. **PLEASE PROVIDE MONTH AND YEAR.**

NAME OF EMPLOYER	JOB TITLE AND DUTIES	
ADDRESS	DATES OF EMPLOYMENT: FROM: mo/yr TO: mo/yr	
CITY, STATE, ZIP CODE	SALARY Start \$ Final \$	Reason for Leaving:
SUPERVISOR	Supervisor's Contact Number: <i>(If currently employed do you authorize us to contact your current employer?)</i>	
NAME OF EMPLOYER	JOB TITLE AND DUTIES	
ADDRESS	DATES OF EMPLOYMENT FROM: mo/yr TO: mo/yr	
CITY, STATE, ZIP CODE	SALARY Start \$ Final \$	REASON FOR LEAVING
SUPERVISOR	SUPERVISOR'S CONTACT INFORMATION	
NAME OF EMPLOYER	JOB TITLE AND DUTIES	
ADDRESS	DATES OF EMPLOYMENT From: mo/yr To: mo/yr	
CITY, STATE, ZIP CODE	SALARY Start \$ Final \$	REASON FOR LEAVING
SUPERVISOR	SUPERVISOR'S CONTACT INFORMATION	
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CITY, STATE, ZIP CODE	SALARY Start \$ Final \$	REASON FOR LEAVING
SUPERVISOR	SUPERVISOR'S CONTACT INFORMATION	

REFERENCE INFORMATION

Please provide the information below for three references which may include work peers, and supervisors or others who are associated with you on a personal or work basis. Please do not include relatives, and ensure at least 1 is a current or prior supervisor.

Name	Address	Phone
_____	_____	(____)____-____
_____	_____	(____)____-____
_____	_____	(____)____-____

ACKNOWLEDGEMENT AND AUTHORIZATION

PLEASE READ AND INITIAL EACH STATEMENT CAREFULLY BEFORE SIGNING

_____ I certify that all information provided in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

_____ I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

_____ I authorize the investigation of any of all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organization from any legal liability in making such statements.

_____ I understand that if I am extended an offer it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

_____ I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre and/or post employment drug screen as a condition of employment, if required.

_____ I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTACT OF EMPLOYMENT/VOLUNTEER OPPORTUNITY NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF ENGAGED, I UNDERSTAND THAT I HAVE BEEN ENGAGED AT THE WILL OF THE EMPLOYER AND MY ENGAGEMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITH NOTICE.

With my signature below, I certify that I have read, understand, and by my signature consent to these statements.

Signature _____ Date ____/____/____

Printed Name _____

This application for employment will remain active for 6 months of the date above.

EMPLOYEE/VOLUNTEER AVAILABILITY

Please provide the following information about your availability for work:

If hired into a position that requires driving, will you have reliable transportation? Yes _____ No _____

If hired into a position that requires driving, you will need to submit proof of auto insurance upon hire.
Acknowledge that you are able to provide this information if necessary: Initial: _____

Do you have any allergies that may affect your work? Yes _____ No _____

If yes, please list here: _____

Do you have a problem working with a client who smokes? Yes _____ No _____

How many hours are you willing to work per week? _____

Please Check (X) the Days and Time of Week You Are Available

	SUN	MON	TUE	WED	THUR	FRI	SAT
6:00 AM							
7:00 AM							
8:00 AM							
9:00 AM							
10:00 AM							
11:00 AM							
12:00 PM							
1:00 PM							
2:00 PM							
3:00 PM							
4:00 PM							
5:00 PM							
6:00 PM							
7:00 PM							
8:00 PM							
9:00 PM							
10:00 PM							
Overnight							

Initials: _____

TELEPHONE REFERENCE CHECK FORM - # 1

EMPLOYMENT INFORMATION: To be completed by Applicant

Name of Professional Reference: _____ Title: _____

Company Name; _____ Phone_(_____) _____ - _____

Reason for leaving this company: _____

I authorize the company I worked for and/or the individual listed above to release information about me regarding my employment with this Company.

Applicant Signature _____ Date: ____/____/____

*******FOR OFFICE USE ONLY**

EMPLOYMENT VERIFICATION: To be completed by employer

INTERVIEWER: Introduce yourself, identify our company) "One of your former employees, _____ (name), has applied for employment at our company as a _____ (job title). I would appreciate your assistance by providing me with some insight on (him/her) and whether this may be a suitable position for (him/her) as has been authorized by (him/her). May I ask you a few questions?"

What was his/her position? _____ What were the dates of his/her employment? _____

What was your relationship to him/her? (e.g., supervisor, co-worker, etc) _____

What were his/her strengths as an employee? _____

Any opportunities for improvement/further development? _____

How would you rate his/her overall performance? _____

If you had an opening today for the same job, would you hire him/her? Why/why not? _____

Was he/she _____ dependable? _____ competent in position? _____ works well with others? _____ exhibit initiative?

If we were to extend an employment offer, what suggestions would you give us to help contribute toward _____'s success on the job? _____

Is there anything else you think would be helpful for us to know about _____ in making our hiring decision? _____

Name of Interviewer: _____ Date: ____/____/____

TELEPHONE REFERENCE CHECK FORM - # 2

EMPLOYMENT INFORMATION: To be completed by Applicant

Name of Reference To Be Contacted _____ Title _____

Company Name _____ Phone (_____) _____ - _____

Reason for leaving this company: _____

I authorize the company I worked for and/or the individual listed above to release information about me to Professional Home Health Care, Inc.

Applicant Signature _____

Date ____/____/____

*****FOR OFFICE USE ONLY

EMPLOYMENT VERIFICATION: To be completed by employer

INTERVIEWER: Introduce yourself, identify our company) "One of your former employees, _____ (name), has applied for employment at our company as a _____ (job title). I would appreciate your assistance by providing me with some insight on (him/her) and whether this may be a suitable position for (him/her) as has been authorized by (him/her). May I ask you a few questions?"

What was his/her position? _____ What were the dates of his/her employment? _____

What was your relationship to him/her? (e.g., supervisor, co-worker, etc) _____

What were his/her strengths as an employee? _____

Any opportunities for improvement/further development? _____

How would you rate his/her overall performance? _____

If you had an opening today for the same job, would you hire him/her? Why/why not? _____

Was he/she _____ dependable? competent in position? _____ work well with others? _____ exhibit initiative?

If we were to extend an employment offer, what suggestions would you give us to help contribute toward _____'s success on the job? _____

Is there anything else you think would be helpful for us to know about _____ in making our hiring decision? _____

Name of Interviewer: _____ Date: ____/____/____

BACKGROUND CHECK AUTHORIZATION

APPLICANT Complete the following information as accurately as possible. (Please Print Clearly.)

Last: _____ First: _____ MI: _____

SSN*: _____ D.L. #: _____ State: _____

Birth date*: _____ Phone: _____

Professional License Type: _____ State: _____ Lic #: _____ Expiration Date: _____

Other/Previous names: _____ Date Changed: _____

(Attach additional sheet, if necessary.) _____ Date Changed: _____

Addresses: (List past seven years beginning with your current address. Include street, city, state, zip code, county and dates of residence. Attach additional sheet, if necessary.)

1. _____ City: _____ State: _____ Zip: _____ County: _____ Dates: _____

2. _____ City: _____ State: _____ Zip: _____ County: _____ Dates: _____

3. _____ City: _____ State: _____ Zip: _____ County: _____ Dates: _____

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the FCRA required documents DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT. 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, workers compensation bureau, testing laboratory or insurance company to furnish any and all background information requested by True Hearts and Hands Hospice, Greenville, Texas, or another outside organization acting on behalf of Employer, and/or Employer itself. I understand that these files may contain negative information about my background, mode of living, character and personal reputation; therefore I agree to defend and hold harmless the Company and any agent acting on its behalf, from any and all liability arising through the investigation of my background. If applicable, I hereby authorize the release of my confidential report to any Third Party directly involved in the hiring or placement process and understand that any release to a third party will not occur until that party has completed a certification regarding the use and viewing of confidential information. I agree to release, hold harmless, and indemnify the Company from any liability, claims, demands, causes of action, damages, or expenses resulting from: any release of information to the Third Party pursuant to this authorization; the unauthorized use of this information by the Third Party; and, any actions taken by the Third Party pursuant to this authorization.

I understand that my date of birth is used solely as an identifier to avoid possible misidentification while completing the background check process. I agree that a facsimile ("fax"), electronic, or photographic copy of this Authorization shall be as valid as the original.

Signature: _____ Date: _____

Printed Name: _____

[*This information \(Birth date and SSN\) will be used for background screening purposes only and will not be taken into consideration in making any employment decisions.](#)