



Mission: Freedom Hospice strives to provide a comforting atmosphere for end-of-life care that **focuses on the individual as well as the families.** Our hometown approach to self-determination for the patient and furthered support for their families afterward is what makes local hometown care the best option.

Vision: Through compassionate care for our friends and neighbors, Freedom Hospice **puts the patient first.** Their rights of self-determination give them the choice of how they want their life to progress. Freedom Hospice is more than willing to be your network for quality competent care that focuses on all phases of end-of-life care, to include physical, emotional, and spiritual care in an **atmosphere of sensitivity and respect.**

Values: Hometown Atmosphere, Self-Determination, Respect & Compassion, Empathy, Integrity, Teamwork

PERSONAL INFORMATION					
Last Name		First Name		Middle	Date of Birth
Street Address				Phone ()	
City		State	Zip	Alternate Phone ()	
Email Address				Are you eligible to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever applied or worked for Freedom Hospice? <input type="checkbox"/> Yes <input type="checkbox"/> No "Yes" when/what position				Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
EMPLOYMENT INTERESTS					
Position Desired		Location		Salary Desired	Date Available
Type of Employment Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Other				Days/Hours Available for Work <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Weekends	
How did you learn about this opportunity?			Referred By:		Best time to Contact <input type="checkbox"/> Days <input type="checkbox"/> Afternoon <input type="checkbox"/> Night
Briefly describe why you'd like to work for Freedom Hospice:					
EDUCATION INFORMATION					
School Level	Name and Location of School		Course of Study	Did you Graduate?	If yes, Date degree/Diploma Received
High School				<input type="checkbox"/> Yes	
				<input type="checkbox"/> No	
College/University				<input type="checkbox"/> Yes	
				<input type="checkbox"/> No	
College/University				<input type="checkbox"/> Yes	
				<input type="checkbox"/> No	
College/University				<input type="checkbox"/> Yes	
				<input type="checkbox"/> No	
List Professional Organizational Memberships, Honors Received, or other position relation qualifications:					
PROFESSIONAL LICENSES AND/OR CERTIFICATIONS					
Type	State Issued		Expiration Date	Number	
<input type="checkbox"/> CNA <input type="checkbox"/> LPN <input type="checkbox"/> RN					
Other Training (graduate, technical, vocational):					

EXPERIENCE INFORMATION

Resumes may be submitted in addition to completed application. Please complete the application in its entirety. Attach a separate sheet if necessary to provide a complete work history. Start with most recent employer.

Company Name	Phone ()	From Mo/Yr.		To Mo/Yr.	
Street Address	City	State	Zip	Starting Pay	Ending Pay
Job Title	Duties:			Reason for Leaving	
Supervisors Name				May we Contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

POSITION SUMMARY

Company Name	Phone ()	From Mo/Yr.		To Mo/Yr.	
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Job Title	Duties:			Reason for Leaving	
Supervisors Name				May we Contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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SUPERVISORY/PROFESSIONAL REFERENCES (non-family)			
Name	Company	Title	Phone (Include area code)

Please read the statements below, and acknowledge each section with your initials, and sign below.

_____ I certify that I have answered the above questions truthfully and have not withheld any information relative to this application or supporting documents. I understand that any falsification, misrepresentation, omissions, or misleading statements, will result in denial or employment or termination of employment if discovered after hire.

_____ I authorize Freedom Hospice to investigate my work history, contact references, and verify my level of education. This information will be used to determine my suitability for employment. I release Freedom Hospice, former employers, and any other associated parties from any liability associated with this verification.

_____ I understand that nothing contained in this application or in the interview process is intended to create a contract between Freedom Hospice and myself for either employment or for the providing of any benefits. I agree that my employment is at-will and the terms of my employment may be changed with or without cause, with or without notice, including but not limited to termination, demotion, promotion, transfer, compensation, benefits, duties and location of work, at any time for any reason, at the option of myself or Freedom Hospice.

_____ I understand that all offers of employment are conditional upon taking and passing a drug test, pre-employment physical, motor vehicle record check, and my providing satisfactory documentary proof of my identity and legal right to work in the United States. Additionally, I will be required to clear a criminal background check (including adult and child abuse) prior to employment. I authorize the release of this information to Freedom Hospice for use in evaluating my suitability for employment.

_____ I understand that Freedom Hospice is a drug free workplace, and I will abide by the drug testing policy.

**COMBINED DISCLOSURE NOTICE AND AUTHORIZATION
REGARDING BACKGROUND CONSUMER REPORTS**

(Important: Please read carefully before signing)

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Freedom Hospice may conduct a background investigation as part of its screening and hiring process. Thus, you may be the subject of a “consumer report” and/or “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your credit history, credit header data, criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks. The primary objective of any investigation will be to verify information you provided on your application in connection with your application for employment or continued employment with the company. A consumer report and/or an investigative consumer report may be obtained at any time during the application process or during your employment with the company, to the extent permitted by law. If you submit a timely written request to your personnel department, we will provide you with the name, address and phone number of the consumer reporting agency and the nature and scope of any investigative consumer report obtained with regard to applicants for employment in an investigation into your education and/or employment history conducted by DHS, TLT, or another outside organization.

SUMMARY OF YOUR RIGHTS UNDER THE FCRA

The FCRA (Fair Credit Reporting Act) requires that we inform you that a background investigation may be conducted as part of the screening and hiring process. In the course of this screening process, before any adverse action is taken, you will be provided a copy of the report and a comprehensive summary of your rights under the FCRA, as well as additional information of your rights under the law. For a full copy of your rights and other useful information visit: <http://www.ftc.gov/os/statutes/fcrajump.shtm>

ACKNOWLEDGEMENT AND AUTHORIZATION

I acknowledge the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and the SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by company at any time after receipt of this authorization and throughout my employment, if applicable.

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, or insurance company to furnish any and all background information as requested by Freedom Hospice. A photocopy of this document may be submitted for the original.

I affirm that the information provided on the attached forms is true and accurate to the best of my knowledge.

Applicant Signature:	Date:
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Freedom Hospice is an equal opportunity employer. Employees are valued and appreciated as individual members of a dedicated team. Employment opportunities are open to all qualified applicants solely on the basis of experience, education, aptitude and ability. Freedom Hospice ensures equal employment opportunities for all applicants and employees without regard to race, color, sex, national origin, religion, veteran status, employer depends solely upon your qualifications. Contact Human Resources for assistance with completion of this application or accommodations throughout the pre-employment process. Hiring preference will be provided to eligible veterans.

This contactor or subcontractor shall abide by the requirements of 41 CFR §§ 60-1.4(a), 60-300.5(a) and 60-741.5(a). These regulations prohibit discrimination against qualified individuals based on their status as protected veterans or individuals with disabilities, and prohibit discrimination against all individuals based on their race, color, religion, sex, or national origin. Moreover, these regulations require that covered prime contractors and subcontractors take affirmative action to employ and advance in employment individuals without regard to race, color, religion, sex, national origin, protected veteran status or disability.