

Southeast Hospice Network, LLC.

Employment Application

SOUTHEAST HOSPICE NETWORK, LLC.
AN EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION
EMPLOYER

PERSONAL DATA

NAME FIRST		MIDDLE		LAST	
Phone Number ()			Area Code		
Social Security Number					
ADDRESS (Number and Street)				How long there?	
CITY		COUNTY		STATE	ZIP CODE
FORMER ADDRESS (Number and Street)					
CITY		COUNTY		STATE	ZIP CODE
Position applying for:			Wage Desired: \$		Date available:
Have you previously worked for Southeast Hospice Network, LLC.?			When?		If so, position held:
Do you have relatives employed by Southeast Hospice Network, LLC.?			Name:		
Were you referred to Southeast Hospice Network, LLC.?			By whom?		
Are you authorized to be employed in the United States? Yes No					
(All offers of employment are contingent upon verification of employment eligibility under the Immigration Reform and Control Act of 1986.)					
Are you under 18 years of age? Yes No			Driver's License (State and Number):		
Are you willing to relocate? Yes No			If no, please explain:		
Are you able to perform the essential functions of the job for which you are applying with or without reasonable accommodation?				If no, please explain:	
Yes No					

EDUCATION/TRAINING

Circle last grade completed:

1 2 3 4 5 6 7 8 9 10 11 12 (High School Graduate) 13 14 (Technical/Vocational School)

15 (College Freshman) 16 (College Sophomore) 17 (College Junior) 18 (Bachelor Degree) 19 (Master Degree) 20 (Ph.D.)

Are you currently attending school? Yes No

If yes, estimated graduation date: Month: _____ Year: _____

APPRENTICE, BUSINESS, TECHNICAL, OR VOCATIONAL SCHOOL:

Names of School:

Location:

Major Field:

Diploma/Certificate Received: Yes No

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Certifications Received:

List special skills or training:

HIGH SCHOOL INFORMATION:

Name of School:

Location:

Major Courses Taken:

Diploma Received: Yes No

COLLEGE INFORMATION:

Undergraduate College/University Attended:

Location:

Major Field of Study:

Degree Received: Yes No

PREVIOUS EMPLOYMENT

List most recent employer first. Include breaks in employment or periods of unemployment.

Company Name:	From	To	Job Title	Starting Salary
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Number and street	Phone	Supervisor	Final Salary
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City and State	Zip Code	Reason for leaving
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Company Name:	From	To	Job Title	Starting Salary
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Number and street	Phone	Supervisor	Final Salary
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City and State	Zip Code	Reason for leaving
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Company Name:	From	To	Job Title	Starting Salary
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Number and street	Phone	Supervisor	Final Salary
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City and State	Zip Code	Reason for leaving
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Have you ever been discharged or asked to resign from any position? Yes No

If yes, please explain:

Do you currently receive pay from any other source? (Do not disclose alimony or child support payments.)
If yes, please explain.

Unemployment Record List all intervals of unemployment, if any during the last 10 years	From - Month/Year	To - Month/Year	Brief Statement covering this period, if applicable

ACCIDENTS

List and explain in detail giving dates and location of all accidents that you have been involved in during the past five years, in any type of vehicle, and regardless of whether you feel they were chargeable or non-chargeable.

FAILURE TO LIST ALL ACCIDENTS MAY RESULT IN YOUR DISQUALIFICATION. IF YOU HAVE HAD NO ACCIDENTS IN THE PAST 5 YEARS, WRITE "NONE."

Date	Type Vehicle	Whose Fault?	Fatalities? Yes or No	Injuries? Yes or No	\$ Amount of All Damage	Date	Type Vehicle	Whose Fault?	Fatalities? Yes or No	Injuries? Yes or No	\$ Amount of All Damage
Describe Accident						Describe Accident					
_____						_____					
_____						_____					
_____						_____					

Date	Type Vehicle	Whose Fault?	Fatalities? Yes or No	Injuries? Yes or No	\$ Amount of All Damage	Date	Type Vehicle	Whose Fault?	Fatalities? Yes or No	Injuries? Yes or No	\$ Amount of All Damage
Describe Accident						Describe Accident					
_____						_____					
_____						_____					
_____						_____					

TRAFFIC VIOLATIONS

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 5 years. **FAILURE TO LIST ALL TRAFFIC VIOLATIONS MAY RESULT IN YOUR DISQUALIFICATION. IF YOU HAD NO TRAFFIC VIOLATIONS IN THE PAST 5 YEARS, WRITE "NONE."**

Traffic Conviction(s): Describe	Date	City & State	Penalty

DRIVING EXPERIENCE

In what states have you driven regularly?	What awards do you hold for safe driving?
_____	_____
_____	_____
_____	_____
_____	_____

Have you ever been convicted of DWI, DUI, careless or reckless driving? Yes No Date _____ Explain _____ _____	List all driver's licenses that you presently hold or have held in the past 3 years.		
	License #	State	Expiration Date
Has your license or privilege to drive ever been suspended or revoked for any reason? Yes No Date _____ Explain _____ _____			

MILITARY

Have you served in the United States Military, Reserves, or National Guard? Yes No	Branch of Service	Highest Rank
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Indicate any skills or training acquired during military service you feel might be of interest or value to Southeast Hospice Network, LLC.

PERSONAL HISTORY

Have you ever been convicted of a crime other than a minor traffic violation? Yes No
 (This information will not necessarily bar an applicant from employment.)

If yes, please explain fully including the date, place, nature of the crime, and the date of conviction and completion of any sentence. (Add additional sheet if necessary.)

REFERENCES

Give name, address, and telephone number of three references who are not related to you and are not previous employers.

Name		Address	
City	State	Zip Code	Phone Number
Name		Address	
City	State	Zip Code	Phone Number
Name		Address	
City	State	Zip Code	Phone Number

**PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING.
RELEASE AND PRIVACY STATEMENT**

I understand that Southeast Hospice Network, LLC. requires certain information about me to evaluate my qualifications for employment and to conduct its business if I become an employee. Therefore, I authorize Southeast Hospice Network, LLC. to investigate my past employment, criminal record, credit, educational credentials, and other employment related activities. I agree to cooperate in such investigations and release all parties from all liability or responsibility with respect to the information supplied. I also agree to submit to any drug or alcohol testing which is required to qualify for employment with Southeast Hospice Network, LLC.

I understand that this application is not an offer of employment and that by accepting my application, Southeast Hospice Network, LLC. does not guarantee that I will be offered a job. I also understand that if I am offered a job, Southeast Hospice Network, LLC. reserves the right to make such changes in the terms and conditions of my employment as Southeast Hospice Network, LLC. determines to be necessary or appropriate.

I understand that an employment with Southeast Hospice Network, LLC. would be an employment-at-will, meaning my employment would not be for any fixed period of time and that, if employed, I may resign at any time for any reason with or without notice and Southeast Hospice Network, LLC. may terminate my employment at any time for any reason, with or without notice. I further acknowledge my understanding that statements which may be contained in policies, handbooks, and other company materials do not create any guarantee of employment nor contractual rights, express or implied, and I agree that I will not rely upon them as such. I also understand and agree that such policies may be changed at any time, with or without notice. I further acknowledge that no supervisor, manager, executive or any employee or agent of Southeast Hospice Network, LLC. has the authority to alter any of the above, and that any promises to the contrary will only be relied upon by me if they are in writing and signed by Southeast Hospice Network, LLC.'s President and myself.

I certify that all the above information is true and complete in all respects and that I am submitting this information and any other information during the application process so that Southeast Hospice Network, LLC. can rely on this information in making employment decisions. I understand that any false answers or statements made by me on this application or any supplement thereto or in connection with the above-mentioned investigations, regardless of when discovered by Southeast Hospice Network, LLC., will be grounds for immediate disqualification or discharge, if I am employed. I understand, also, that I am required to abide by all rules and regulations of Southeast Hospice Network, LLC.

I further understand that any offer of employment may be contingent upon successfully completing a medical evaluation indicating that I am able to perform the essential functions of the job, with or without reasonable accommodations.

I hereby attest, under penalty of perjury that I am lawfully permitted to work in the United States. I understand that, if an offer of employment is made by Southeast Hospice Network, LLC., I will be required to present satisfactory documentation of personal identity and employability before I am hired.

If hired, in the event Southeast Hospice Network, LLC. advances me money or other items of value, or I otherwise become indebted financially to Southeast Hospice Network, LLC., I agree to repay Southeast Hospice Network, LLC. and also agree any wages due me upon termination may be offset by payroll deductions against any such monies due Southeast Hospice Network, LLC.

I acknowledge that I have read, understand, and agree to abide by the terms of the above RELEASE AND PRIVACY STATEMENT.

Signature of Applicant

Date