



Avalon Hospice
& Palliative Care

Employment Application

(PLEASE PRINT)

PERSONAL INFORMATION

Last Name		First Name		Middle Name	Other Name under which employed	
Street Address			City		State	Zip Code
Home Telephone () ()		Work # <input type="checkbox"/> () ()	Pager # <input type="checkbox"/>	Social Security Number - -		

POSITION APPLIED FOR

Position(s) Applied For	Date of Application	Job Code
-------------------------	---------------------	----------

REFERRAL SOURCE

I am available for: (check all that apply)	<input type="checkbox"/> Evenings	<input type="checkbox"/> Advertisement (specify publication)	<input type="checkbox"/> Internet	<input type="checkbox"/> Former Employee
	<input type="checkbox"/> Days		<input type="checkbox"/> Job Line	<input type="checkbox"/> Phone Inquiry
	<input type="checkbox"/> Full Time	<input type="checkbox"/> Employee Referral (provide employee's name)	<input type="checkbox"/> Friend/Relative	<input type="checkbox"/> News Paper
	<input type="checkbox"/> Part Time		<input type="checkbox"/> Walk In	<input type="checkbox"/> Job Posting
<input type="checkbox"/> Per Diem	<input type="checkbox"/> Temp Service		<input type="checkbox"/> other	

Have you ever been employed by Avalon Hospice & Palliative Care before? Yes No

If yes, give date: _____
(Start Date) (Ending Date)

Are you currently employed? Yes No

If yes, may we contact your current employer? Yes No

Are you authorized to work in the United States? Yes No

(Proof of authorization will be required)

Date available for work: ____/____/____ What is your desired salary range? _____

Have you ever been convicted of a felony? Yes No

If yes, explain the conviction. (A conviction will not necessarily disqualify you from employment.)

EDUCATION

	High School				Undergraduate College/University				Graduate/Professional			
School Name And Location												
Years Completed	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree												
State any additional information you feel may be helpful to us in considering your application												

LIST PROFESSIONAL LICENSES, CERTIFICATIONS OR REGISTRATIONS

TYPE	STATE	NUMBER	EXPIRATION DATE

REFERENCES

Please provide the names of at least three references (**not friends, relatives or co-workers**) that may be contacted by us. All references should have specific knowledge of your work experience and have supervised your work performance.

Name	Address	Phone #	Occupation/Job Title	How Does This Person Know You?

For Driving Jobs Only: (Clinical Homecare Staff and other designated positions)

Do you have a valid driver's license? Yes No

Driver's License Number _____ Class of License _____

Have you had your driver's license suspended/revoked in the last 3 years? Yes No

EMPLOYMENT HISTORY Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are critical. Start with your present or last job. Please account for all periods of time including military service, school and unemployment. Include all relevant work and volunteer experience.

A RESUME MAY BE ATTACHED AS A SUPPLEMENT, BUT NOT AS A SUBSTITUTE.

Employer				Dates Employment		Job Duties
				From	To	
Address		City	State	Zip		
Telephone Number(s)				Hourly Rate/Salary		
Job Title				Supervisor		
Reason for Leaving						
Employer				Dates Employment		Job Duties
				From	To	
Address		City	State	Zip		
Telephone Number(s)				Hourly Rate/Salary		
Job Title				Supervisor		
Reason for Leaving						
Employer				Dates Employment		Job Duties
				From	To	
Address		City	State	Zip		
Telephone Number(s)				Hourly Rate/Salary		
Job Title				Supervisor		
Reason for Leaving						

If you need additional space, please continue on a separate sheet of paper.

Avalon Hospice & Palliative Care does not discriminate against any person on the basis of race, color, national origin, sexual orientation, disability, or age in admission, treatment, or participation in its programs, services and activities, or in employment. For further information about this policy.

Contact: The Human Resources Department – (858) 751-0315 or by Fax – (858) 560-0435. Telecommunication Relay Services (provider) - **Sprint and MCI Access #'s:** 800-735-2922(V) 1-800-735-2929 (T) 1-800-854-7784 (STS)

Please describe why you want to work at Avalon Hospice & Palliative Care and why you will be successful:

APPLICANT STATEMENT

I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification or omission of pertinent information is grounds for refusal to hire, or if hired, dismissal. I understand that any offer of employment is contingent upon satisfactory proof of identity and legal authority to work in the U.S. I understand that any offer of employment is contingent upon successful completion of a health assessment and TB test. Any candidate who refuses to go through the health assessment including the TB test will not be considered for employment with Avalon Hospice & Palliative Care.

I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application. I hereby release them and Avalon Hospice & Palliative Care from any and all liability for issuing, receiving, or using any such information. I authorize Avalon Hospice & Palliative Care to request and receive such information.

In consideration for my employment by your company, I agree to conform to the rules and regulations of the company and acknowledge that these rules and regulations may be changed, interpreted, withdrawn, or added to at any time, at the company's sole option and without prior notice to me, provided however the "at will" status of the employment described below cannot be modified. Any employment resulting from this application process will be "at will". I acknowledge that my employment may be terminated and any offer of employment, if such is made, may be withdrawn, with or without prior notice at any time at the option of the company or myself.

I have read, understand and agree to the above.

Signature of Applicant

Date

AVALON HOSPICE & PALLIATIVE CARE SELF IDENTITY SURVEY

Name: _____
(Last) (First) (Middle)

Sex: Male Female Date: _____

Race/Ethnic Background (check one)

- American Indian or Alaskan Native** – All persons having origins in any of the original people of North America and who maintain cultural identification through tribal affiliation or community recognition.
- Asian or Pacific Islander** – All persons having origins in any of the original people of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. The area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
- Black (not Hispanic origin)** - All persons having origins in any of the Black racial groups of Africa.
- Hispanic** - All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- White (not Hispanic origin)** - All persons having origins in any of the original people of Europe, North Africa or the Middle East.

Disability/Veteran Status - Please identify your status:

<input type="checkbox"/> Special Disabled Veteran	<ol style="list-style-type: none">1. A veteran who is entitled to compensation under laws administered by the Dept. of Veterans Affairs for a disability (a) rated at 30% or more, or (b) rated at 10% OR 20% if it has been determined that the individual has a serious employment disability; or2. A veteran who was discharged or released from active duty because of a service-connected disability.
<input type="checkbox"/> Vietnam Era Veteran	<ol style="list-style-type: none">1. Served in the military, ground, naval or air service of the U.S. on active duty for a period of more than 180 days, and was discharged or released there from with other than a dishonorable discharge, if any part of such active duty occurred: (a) in the Republic of Vietnam between 02/28/1961, and 05/07/1975; or (b) between 08/05/1964, and 05/07/1975, in all other cases; or2. Was discharged or released from active duty for a service connected disability if any part of such active duty was performed: (a) in the Republic of Vietnam between 02/28/1961, and 05/07/1975; or (b) between 08/05/1964, and 05/07/1975, in all other cases.
<input type="checkbox"/> Other Protected Veteran	<ol style="list-style-type: none">1. Other protected veteran is defined as a veteran who served in the military; ground, naval, or air service of the U.S., on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.

DISCLOSURE AND AUTHORIZATION TO OBTAIN INFORMATION

In connection with my suitability for employment with Avalon Hospice & Palliative Care ("Avalon Hospice & Palliative Care"), I authorize Company to request a consumer and/or investigative consumer report on me for employment purposes from **KROLL BACKGROUND AMERICA, INC.** ("Kroll"). Such reports may include, but are not limited to, information as to my character, general reputation, personal characteristics, and mode of living; discerned through employment and education verifications; personal references and interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; workers' compensation records after a conditional job offer has been extended and to the extent permitted by law; a social security number trace; present and former addresses; criminal and civil history/records; and any other public record.

I authorize any person, business entity or governmental agency that may have information relevant to the above to disclose the same to Company and Kroll, including, but not limited to, any and all courts, public agencies, law enforcement agencies and credit bureaus. I authorize Company to share such information only with parties in interest who have a "need to know" such information to protect them and their employees. Kroll does not sell or otherwise provide any of the information found in its background investigations to any party other than the Company.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any consumer report of which I am the subject upon my written request to Kroll. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681 et. seq. I agree that this authorization shall remain valid for the duration of my employment with Company. I certify that the information contained on this Authorization form is true and correct and that my application or employment may be terminated based on any false, omitted or fraudulent information.

Signature: _____ Date: _____

IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY

Last Name: _____ First Name: _____ Middle: _____

Other Names Used _____ Years Used _____

Current Address: _____
Street /P. O. Box City State Zip Code County Dates

Former Address: _____
Street /P. O. Box City State Zip Code County Dates

Social Security Number: _____ Daytime Phone Number: _____

E-mail Address: _____ Driver's License Number: _____ State of Issuance: _____

*Date of Birth: _____ *Gender _____

For CA, MN & OK Residents Only: Please provide me with a copy of my background report YES: NO

For California residents: Under § 1786.22 of the California Civil Code, you may view the file maintained on you by Kroll. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by submitting a request by mail, by appearing at Kroll's offices in person during normal business hours and on reasonable notice, or you may also receive a summary of the file by telephone after submitting a written request. Kroll has trained personnel available to explain your file to you and will provide a written explanation of any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification. Kroll is located at 100 Centerview Drive, Suite 300, Nashville, TN 37214 and may be contacted at 1(888) 381-7866.

*Providing year of birth and gender is strictly voluntary. This information will enable us to properly identify you in the event we find adverse information during the course of a background search.