

SEASONS HOSPICE

— Est 1998 —

EMPLOYMENT APPLICATION

WE OFFER EQUAL EMPLOYMENT OPPORTUNITIES TO ALL PERSONS AND DO NOT DISCRIMINATE BASED ON RACE, COLOR, RELIGION, AGE, MARITAL STATUS, SEX, NATIONAL ORIGIN, DISABILITY, OR ANY OTHER LEGALLY PROTECTED STATUS.

6532 E. 71st St, Suite 101
Tulsa, OK 74133
(Ph) 918-745-0222 or (Fax) 918-745-9652

1831 W. Melville Rd
Springfield, MO 65803
(Ph) 417-890-5533 or (Fax) 417-890-5560

3300 Chandler Rd, Suite 115
Muskogee, OK 74403
(Ph) 918-910-5018 or (Fax) 918-910-5038
aduke@seasonshospice.com

PERSONAL DATA

NAME: LAST FIRST MI DATE

ADDRESS HOME PHONE

CITY, STATE, ZIP CODE BUSINESS PHONE

HAVE YOU EVER WORKED FOR SEASONS HOSPICE BEFORE? YES ___ NO ___ SOCIAL SECURITY NO.

IF YES, FROM _____ TO _____ DRIVERS LICENSE NO. AND STATE

POSITION(S) REQUESTED ARE YOU 18 YEARS OF AGE

OR OLDER? YES ___ NO ___

HOW WERE YOU REFERRED TO SEASONS HOSPICE?

___ SEASONS EMPLOYEE ___ NEWSPAPER ___ PROFESSIONAL JOURNAL ___ EMPLOYMENT AGENCY

___ COLLEGE COUNSELOR ___ RECRUITMENT PROGRAM ___ OTHER: PLEASE SPECIFY _____

WORK HOURS	FULL TIME	PART TIME	DAYS	EVENINGS	NIGHTS	WEEKENDS	CALL
PREFERRED?	Y N	Y N	Y N	Y N	Y N	Y N	Y N

AFTER EMPLOYMENT CAN YOU SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES ___ YES ___ NO IF HIRED, YOU WILL BE REQUIRED TO SHOW PROOF OF CITIZENSHIP

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR, WITHIN THE LAST FIVE (5) YEARS, A MISDEMEANOR WHICH RESULTED IN IMPRISONMENT? ___ YES ___ NO IF YES,

EXPLAIN: _____

NOTE: A conviction is not an automatic bar to employment; each case will be considered on its own merit.

HAVE YOU REVIEWED A JOB DESCRIPTION FOR THE POSITION FOR WHICH YOU ARE APPLYING? ___ YES ___ NO

IF YES, ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTION OF THE JOB, WITH OR WITHOUT ACCOMODATIONS (S)? ___ YES ___ NO

YOU CAN ASSIST US BY DESCRIBING HOW YOU WOULD PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION AND WITH WHAT REASONABLE ACCOMODATIONS WE CAN MAKE.

EDUCATION

NAME OF SCHOOL	LOCATION	COURSE OF STUDY	NO. OF YRS COMPLETED	DID YOU GRADUATE	DEGREE DIPLOMA
HIGH SCHOOL	_____	_____	_____	_____	_____
COLLEGE	_____	_____	_____	_____	_____
GRADUATE	_____	_____	_____	_____	_____
BUSINESS/TRADE/TECHNICAL	_____	_____	_____	_____	_____

EMPLOYMENT HISTORY

(MAY INCLUDE VOLUNTEER POSITIONS WHERE APPLICABLE)

COMPANY NAME

DATES EMPLOYED (MO/YR)

ADDRESS

FROM _____ TO _____
TELEPHONE: _____

CITY, STATE, ZIP

HOURLY PAY OR SALARY (CIRCLE ONE)

TITLE/POSITION

START _____ LAST _____
NAME AND TITLE OF SUPERVISOR

BRIEFLY DESCRIBE YOUR DUTIES

PERSON(S) WE MAY CONTACT FOR REFERENCE

REASON FOR LEAVING

COMPANY NAME

DATES EMPLOYED (MO/YR)

ADDRESS

FROM _____ TO _____
TELEPHONE: _____

CITY, STATE, ZIP

HOURLY PAY OR SALARY (CIRCLE ONE)

TITLE/POSITION

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START _____ LAST _____
NAME AND TITLE OF SUPERVISOR

BRIEFLY DESCRIBE YOUR DUTIES

PERSON(S) WE MAY CONTACT FOR REFERENCE

REASON FOR LEAVING

IF MORE INFORMATION PLEASE ATTACH A SEPARATE SHEET

PROFESSIONAL REGISTRATION
LICENSURE OR CERTIFICATION

STATE

ID NUMBER

EXPIRATION

OTHER STATES WHERE FORMERLY OR CURRENTLY REGISTERED _____
IS YOUR PROFESSIONAL LICENSE OR REGISTRATION CURRENTLY SUSPENDED OR REVOKED IN ANY STATE? Y N

IF YES, EXPLAIN _____
HAVE YOU EVER HAD A PROFESSIONAL LICENSE OR REGISTRATION REVOKED IN ANY STATE? YES NO

IF YES, EXPLAIN _____

MILITARY HAVE YOU EVER SERVED IN THE ARMED FORCES? YES NO
DESCRIBE THE TRAINING RECEIVED RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING: _____

CERTIFICATION

I CERTIFY THAT THE INFORMATION GIVEN BY ME IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I AGREE TO HAVE ANY OF THE ABOVE INFORMATION CHECKED BY SEASONS HOSPICE, INC. I AUTHORIZE THE USE OF ANY INFORMATION IN THIS APPLICATION TO VERIFY MY STATEMENTS AND I AUTHORIZE PAST EMPLOYERS, ALL REFERENCES, AND ANY OTHER PERSONS WHOM SEASONS HOSPICE, INC. CONTACTS TO ANSWER ALL QUESTIONS ASKED CONCERNING MY ABILITY, CHARACTER, REPUTATION, PREVIOUS EMPLOYMENT, EDUCATION, PUBLIC RECORDS, PROFESSIONAL CREDENTIALS, MOTOR VEHICLE RECORDS AND OTHER PERTINENT INFORMATION. I RELEASE ALL SUCH PERSONS FROM ANY LIABILITY OR DAMAGES ON ACCOUNT OF HAVING FURNISHED SUCH INFORMATION. I UNDERSTAND THAT ANY MISREPRESENTATION, FALSIFICATION, OR MATERIAL OMISSION OF INFORMATION ON THIS APPLICATION MAY RESULT IN MY FAILURE TO RECEIVE AN OFFER OF EMPLOYMENT OR, IF I AM HIRED, MY TERMINATION FROM EMPLOYMENT.

I UNDERSTAND THAT NOTHING CONTAINED IN THIS EMPLOYMENT APPLICATION OR IN THE GRANTING OF AN INTERVIEW IS INTENDED TO CREATE AN EMPLOYMENT CONTRACT BETWEEN SEASONS HOSPICE, INC. AND MYSELF FOR EITHER EMPLOYMENT OR FOR THE PROVIDING OF ANY BENEFIT. NO PROMISES REGARDING EMPLOYMENT HAVE BEEN MADE TO ME, AND I UNDERSTAND THAT NO SUCH PROMISES OR GUARANTEES ARE BINDING UPON SEASONS HOSPICE, INC. UNLESS MADE IN WRITING. IF AN EMPLOYMENT RELATIONSHIP IS ESTABLISHED, I UNDERSTAND THAT I HAVE THE RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME AND THAT SEASONS HOSPICE, INC. RETAINS THE SAME RIGHT. I UNDERSTAND THAT NO EMPLOYEE OR REPRESENTATIVE OF SEASONS HOSPICE, INC. HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OR FOR EMPLOYMENT ON OTHER THAN AN AT-WILL BASIS. FURTHERMORE, THE AT-WILL NATURE OF EMPLOYMENT CANNOT BE ALTERED EXCEPT IN SIGNED WRITING BY THE PRESIDENT OR EXECUTIVE DIRECTOR.

I UNDERSTAND THAT IF I AM OFFERED EMPLOYMENT WITH SEASONS HOSPICE, INC. I MAY BE SUBJECT TO A CRIMINAL BACKGROUND CHECK, A DRUG AND/OR ALCOHOL SCREEN, USING URINE OR BLOOD TESTS, AND AN EMPLOYMENT EXAMINATION. IN THE EVENT I HAVE A DISABILITY WHICH WILL AFFECT MY ABILITY TO TAKE THE TEST, I WILL SO INFORM SEASONS HOSPICE, INC. PRIOR TO THE ADMINISTRATION OF THE TEST SO THAT A REASONABLE ACCOMODATION CAN BE MADE. REQUESTED ACCOMODATION MAY INCLUDE ACCESSIBLE TESTING SITES, MODIFIED TESTING CONDITIONS, AND ACCESSIBLE TESTING FORMATS. SEASONS HOSPICE, INC. RESERVES THE RIGHT TO REQUIRE MEDICAL DOCUMENTATION CONCERNING THE NEED FOR THE ACCOMODATION.

I ALSO UNDERSTAND THAT ALL OFFERS OF EMPLOYMENT ARE CONDITIONED ON THE PROVISION OF SATISFACTORY PROOF OF AN APPLICANT'S IDENTITY AND LEGAL AUTHORITY TO WORK IN THE UNITED STATES.

APPLICANTS SIGNATURE _____ DATE _____

THIS APPLICATION WILL REMAIN ACTIVE FOR A PERIOD OF 90 DAYS.
YOU MUST COMPLETE ANOTHER APPLICATION FORM SHOULD YOU WISH TO REMAIN ON FILE