

St. Grace

904 W. Ninth Street Upland, CA 91786- TEL#: (909) 723-1175-FAX#: (909) 723-1174

St. Grace Hospice Inc. is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status protected under local, state or federal laws.

Position(s) Applied For:			Date of Application:	
Last Name:		First Name:	Middle Name:	
Address:			City:	
State:	Zip Code:	Phone Number:	Alternate Phone number:	SS# (If available):
How Did You Hear About Us? <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Employment Agency <input type="checkbox"/> Current Employee: _____ <input type="checkbox"/> Website <input type="checkbox"/> Other: _____				
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you legally eligible to work in the United States? (Proof of eligibility will be required upon offer of employment)			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you over the age of 18 years? (If no, you may be required to provide authorization)			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Can you with or without reasonable accommodation perform the essential functions of this job? (If you have any questions about the functions of the job, please ask the interviewer before answering this question.)			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever applied to St. Grace Hospice, Inc. before? (If yes, please give date.) _____			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever worked for St. Grace Hospice, Inc. before? (If yes, please give date.) _____			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of a felony? (A conviction will not necessarily disqualify you.) If yes, please explain: _____ _____ _____			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a valid driver's license? (For driving positions only.)			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been convicted of any moving violations in the past five years? If yes, please explain: _____ _____ _____			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is anyone related to you employed by St. Grace Hospice, Inc.? If yes, please give their name and relationship to you. _____			

What salary or rate of pay do you expect to receive if employed? _____ per _____

Yes No

Have you ever been fired or asked to resign from a job?
If yes, please explain. _____

On what date would you be available to work? _____

Days and Hours Available: (If employed, I will notify my supervisor in writing, should my availability change.)

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM							
PM							

EDUCATIONAL BACKGROUND

	Name and Location of School	Course of Study or Major	# of Years Completed	Diploma/Degree
Elementary				
High School				
College				
Graduate				
Vocational				

Please list any academic honors, scholarships, offices held, etc. (Do not list any which reflect your race, color, religion, gender, national origin, age, disabilities or veteran status.)

Describe any specialized training, apprenticeships, licenses or skills.

Have you received any job-related training in the United States Military? Yes No

Please give dates and explanation:

EMPLOYMENT HISTORY (Begin with current or most recent employer.) Do not exclude any employment. Include any applicable temporary employment attach another sheet if necessary. Previous salaries or wages will not be used to determine compensation at St. Grace Hospice, Inc.

Company Name:		Employment Dates		Salary	
		From	To	Start	End
Address:			Name and Title of Supervisor:		
Phone#:	Reason of Leaving:				
Describe your Duties:					

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		From	To	Start	End
Address:			Name and Title of Supervisor:		
Phone#:	Reason of Leaving:				
Describe your Duties:					

Please provide any other information that you feel will help us in considering your application for employment.

REFERENCES (Please list three persons, who are not related to you or previous supervisors, who can provide professional references.)

Name	Address	Phone Number	Relationship/ Occupation	Years Known

APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by St. Grace Hospice, Inc. (hereinafter referred to as "St. Grace Hospice, Inc." that such employment with St. Grace Hospice, Inc. is at will, for no specified duration and may be terminated by either St. Grace Hospice, Inc. or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of St. Grace Hospice, Inc. or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of St. Grace Hospice, Inc. except the President has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the President of St. Grace Hospice, Inc.

In consideration for employment with St. Grace Hospice, Inc. if employed, I agree to conform to the rules, regulations, policies and procedures of St. Grace Hospice, Inc. at all times and understand that such obedience is a condition of employment. I understand that due to the nature of St. Grace Hospice, Inc. business, attendance and punctuality are considered essential requirements of every job at St. Grace Hospice, Inc. and that poor attendance or tardiness will result in disciplinary action.

I understand that if offered a position with St. Grace Hospice, Inc., I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to St. Grace Hospice, Inc. and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for three months. If I wish to be considered for employment after this period I must fill out and submit a new application.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Signature

Date

Name and number of person completing this form if other than applicant:

ST. GRACE HOSPICE, INC. IS PROUD TO BE AN EQUAL OPPORTUNITY EMPLOYER. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, VETERAN STATUS OR ANY OTHER STATUS PROTECTED BY LAW.

VERIFICATION OF EMPLOYMENT

ST. GRACE HOSPICE would greatly appreciate you completing the information requested below so we can complete our screening process of this applicant.

Attention: _____ Title: _____
Facility Name: _____ Phone#: _____
Address: _____
City: _____ State: _____ Zip: _____
Date of Employment: From: _____ To: _____

AFFIDAVIT

This certifies that I authorize and released all named individuals and organizations to provide wage and employment history as requested by St. Grace Hospice and hereby fully release said individual or organization as well as St. Grace Hospice from all liability in issuing this information.

Print Full Name Title

Signature Date

Please rate according to the following:

E = Excellent G = Good F = Fair P = Poor U = Unsatisfactory

_____ Performance Nursing Skills	_____ Cooperation
_____ Quality of Work	_____ Professional Appearance
_____ Attendance	_____ Adaptability
_____ Initiative	_____ Relationship with other Staff

Other proficiency: _____
Comments: _____
Reason for Leaving: _____
Would you hire this person? Yes No
If No, (explain): _____
Date of Employment: From: _____ To: _____
Completed By: _____ Title: _____ Date: _____

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_____ Relationship with other Staff

Other proficiency: _____

Comments: _____

Reason for Leaving: _____

Would you hire this person? Yes No

If No, (explain): _____

Date of Employment: From: _____ To: _____

Completed By: _____ Title: _____ Date: _____

INTERVIEWER'S NOTES

Interviewed By: _____ Date: _____

Interviewer's Signature & Title: _____

Comments: _____

Interviewed By: _____ Date: _____

Interviewer's Signature & Title: _____

Comments: _____

APPROVED

Hire Date: _____	Reinstatement Date: _____
	Reinstatement Date: _____
_____	_____
Human Resources	Date
_____	_____
Director/Administrator	Date