



ARKANSAS HOSPICE

Name: _____

Applying For: _____

Preferred Location: _____

Date: _____

EMPLOYMENT APPLICATION

Applications may be completed online. To apply and see a complete list of job openings, visit www.ArkansasHospice.org and click on “Careers.”

If you choose to complete a paper application, please complete all items even though the information may be included on your resume or other documents. If a section does not apply, please enter “N/A.” Incomplete applications cannot be processed.

Completed paper applications may be submitted by choosing one of the following options:

- **Fax to 501-748-3490**
- **Email as a PDF to Jobs@ArkansasHospice.org**
- **Mail to 14 Parkstone Circle, North Little Rock, AR 72116**
- **Deliver in person to an Arkansas Hospice office**

**ALL PERSONS HIRED MUST PRESENT DOCUMENTATION
DEMONSTRATING EMPLOYMENT ELIGIBILITY**

AN EQUAL OPPORTUNITY EMPLOYER

IN ACCORDANCE WITH FEDERAL AND STATE LAWS AND REGULATIONS, ARKANSAS HOSPICE IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE AGAINST ANY PERSON ON THE BASIS OF RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, OR DISABILITY.

ARKANSAS HOSPICE EMPLOYMENT APPLICATION

PERSONAL DATA (PLEASE TYPE OR PRINT CLEARLY)

| | | | |
|---------------------------|----------------|----------|------------|
| Name (Last) | (First) | (Middle) | |
| Home Address (Street) | (City) | (State) | (ZIP Code) |
| Previous Address (Street) | (City) | (State) | (ZIP Code) |
| Daytime Telephone | Email address: | | |

EMPLOYMENT DATA

Position Desired:

Part-time PRN Date available for work: _____
Full-time Temporary
Not applicable Desired salary: \$ _____

Will you work shifts? Yes No

If yes: Days Nights

Weekends? Yes No

How did you learn of this vacancy? _____

Do any of your relatives or in-laws work at Arkansas Hospice? Yes No

If yes, who? _____ What is your relationship? _____

Have you ever worked for Arkansas Hospice before?

Yes No If yes, when? _____

Have you applied for employment here before?

Yes No If yes, when? _____

Have you ever been discharged or asked to resign from a job?

Yes No If yes, please explain. _____

Have you ever been convicted of a crime? Yes No

If yes, please list any past convictions. Convictions are not an automatic bar of employment. All circumstances will be considered.

If yes, when? _____ What for? _____

EDUCATION

Name of high school: _____

Did you graduate? Yes No

If not, do you have your GED? Yes No

Did you attend college? Yes No

If yes, please list the names of colleges attended. _____

Years attended: _____

Degree: _____

Please list professional licenses/certifications with the license number and the date the license was first issued. _____

Special research, training or business school and year obtained: _____

List languages in which you are fluent: _____

DRIVING RECORD

Have you had one chargeable accident in the prior 36-month period or DWI, DUI, reckless driving, suspended or revoked license within the past three years? Yes No

Have you had three or more traffic tickets within the last 36 months? Yes No

OTHER DATA

To what professional organizations do you belong? _____

Please list any other skills that may be job-related or that you feel would be of value to this job or Arkansas Hospice. _____

WORK EXPERIENCE

STARTING WITH YOUR PRESENT OR LAST JOB, PLEASE LIST ALL WORK EXPERIENCE IN REVERSE ORDER. SINCE WE MAKE EVERY EFFORT TO CONTACT PREVIOUS EMPLOYERS, THE CORRECT TELEPHONE NUMBERS OF PAST EMPLOYERS ARE CRITICAL. IF LISTING MORE THAN FOUR PREVIOUS JOBS, PLEASE USE A SEPARATE PIECE OF PAPER.

| | | | |
|---|---------------|--------------------------------------|---|
| 1. Present or Last Employer: | | Business Address: | |
| Supervisor's Name: | Phone Number: | Your Job Title: | Dates of Employment From: To: |
| May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Your Duties: | | | |
| Reason for Leaving: | | Name Used if Different from Current: | Salary/Wages Paid: |

| | | | |
|---|---------------|--------------------------------------|---|
| 2. Second Last Employer if applicable: | | Business Address: | |
| Supervisor's Name: | Phone Number: | Your Job Title: | Dates of Employment From: To: |
| May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Your Duties: | | | |
| Reason for Leaving: | | Name Used if Different from Current: | Salary/Wages Paid: |

| | | | |
|---|---------------|--------------------------------------|---|
| 3. Third Last Employer if applicable: | | Business Address: | |
| Supervisor's Name: | Phone Number: | Your Job Title: | Dates of Employment From: To: |
| May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Your Duties: | | | |
| Reason for Leaving: | | Name Used if Different from Current: | Salary/Wages Paid: |

WORK EXPERIENCE (CONTINUED)

| | | | |
|---|---------------|--------------------------------------|---|
| 4. Fourth Last Employer if applicable: | | Business Address: | |
| Supervisor's Name: | Phone Number: | Your Job Title: | Dates of Employment From: To: |
| May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Your Duties: | | | |
| Reason for Leaving: | | Name Used if Different from Current: | Salary/Wages Paid: |

REFERENCES

LIST THREE WORK-RELATED REFERENCES AND THEIR CONTACT INFORMATION.

| | | | | | |
|--|--|---------------|-------|----------|--------|
| 1. Name: | | Job Title: | | Company: | |
| Please describe your relationship (supervisor, colleague, etc.). | | Phone number: | City: | | State: |
| 2. Name: | | Job Title: | | Company: | |
| Please describe your relationship (supervisor, colleague, etc.). | | Phone number: | City: | | State: |
| 3. Name: | | Job Title: | | Company: | |
| Please describe your relationship (supervisor, colleague, etc.). | | Phone number: | City: | | State: |

OTHER INFORMATION

PLEASE EXPLAIN ALL GAPS IN EMPLOYMENT, NO MATTER HOW BRIEF, AND INCLUDE HOW LONG YOU WERE NOT WORKING BETWEEN EACH OCCURRENCE. (A GAP INCLUDES ANY TIME YOU WERE NOT WORKING.)

| Dates: | Explanations: |
|--------|---------------|
| | |
| | |
| | |
| | |
| | |

ARKANSAS HOSPICE

REFERENCE RELEASE

HUMAN RESOURCES DEPARTMENT

Arkansas Hospice

14 Parkstone Circle

North Little Rock, AR 72116

Fax: 501-748-3490

I acknowledge filing an application for employment with Arkansas Hospice. I authorize all former employers, references, education institutions, and law enforcement authorities to furnish any information concerning my background that is pertinent to my qualifications for employment, and I hereby release them from liability in connection with their doing so.

Applicant's Signature: _____

Date: _____

ARKANSAS HOSPICE

CONSENT FOR ARKANSAS HOSPICE TO PROVIDE INFORMATION TO REGULATORY AGENCIES

I give Arkansas Hospice permission to provide information on my application and, if I am hired, information in connection with my employment, to the state licensing board that issued my license or other regulatory entity that regulates my practice area. Information about my employment may include the date and duration of my employment, all my performance evaluations, results of drug or alcohol tests administered to me during my employment and any other information about me that is documented in my personnel file. If I am no longer employed by Arkansas Hospice, the circumstances of my separation and whether I am eligible for rehire may also be provided to the board or entity. I release Arkansas Hospice from all liability in connection with the furnishing of this information.

Applicant's Signature: _____

Date: _____

ARKANSAS HOSPICE

PRE-EMPLOYMENT DRUG TESTING CONSENT AND RELEASE FORM

I hereby consent to submit to urinalysis and/or other tests as shall be determined by Arkansas Hospice in the selection process of applicants for employment, for the purpose of determining the drug content thereof.

I agree that a facility may collect these tests and may test them or forward them to a testing laboratory designated by the company for analysis.

I further agree to and hereby authorize the release of the results of said tests to Arkansas Hospice. I understand that the current illegal use of drugs will prohibit me from being employed at Arkansas Hospice.

I further agree to hold harmless Arkansas Hospice and its agents from any liability arising in whole or part out of the collection of specimens, testing and use of the information from said testing in connection with Arkansas Hospice's consideration of my employment application.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

Applicant's Signature: _____

Date: _____

ARKANSAS HOSPICE

APPLICANT STATEMENTS

The information that I have provided on this application is true and complete to the best of my knowledge. I understand that misrepresentation, omission, or falsification of any fact in my application, resume, or any other materials, or during any interviews, will be sufficient cause in and of itself for disqualification from employment or termination from employment whenever discovered.

I authorize Arkansas Hospice and/or its agents, including consumer-reporting bureaus to investigate and verify any of the information I provide.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Arkansas Hospice and myself for either employment or the providing of any benefit. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that Arkansas Hospice retains a similar right. I understand that no manager or representative of the company, other than the CEO, has any authority to enter into any agreement with me for employment for any specified period of time, and that any such agreement, if made, will not be enforceable unless it is in writing and signed by me and the CEO.

I understand that Arkansas Hospice is a smoke-free workplace and will abide by this policy.

I authorize all former employers, references, schools, and law enforcement authorities to release information they have concerning my background. I hereby release them from any and all liability for damages arising from the furnishing of this information.

This application will remain active for a period of ninety (90) days from the date on which it is signed. After that period, the applicant must complete a new application in order to be considered for future employment opportunities.

Applicant's Signature: _____

Date: _____