

Madrone Hospice, Inc.
Employment Application

An Equal Opportunity Employer
255 Collier Circle
Yreka, CA 96097
842-3160

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Full Legal Name _____ Date _____

Home Phone _____ Work Phone _____

Physical Address _____

Mailing Address _____

Position Applied For _____

Have you ever applied to work for Madrone Hospice, Inc. before? Yes No

If yes, when? _____

We may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision, security, safety, or morale, or if doing so could create conflicts of interest

Do you have relatives working for Madrone Hospice, Inc.? Yes No

If yes, state name(s) and relationships:

_____	_____
Name	Relationship
_____	_____
Name	Relationship

Why are you applying for work at Madrone Hospice, Inc.?

If hired, would you have a reliable means of transportation to and from work?
 Yes No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.....) Yes No

Are you able to perform the essential functions of the job for which you are applying, wither with or without reasonable accommodations?..... Yes No

If no, describe the functions that cannot be performed.

(Note: We comply with the ADA and consider reasonable accommodations measure that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and a skill and agility tests.)

Education, Training, and Experience

School	Name and Address	No. of years Completed	Did you Graduate?	Degree or Diploma
--------	------------------	------------------------	-------------------	-------------------

High School

_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Name	_____			
Address	_____			
City	State	Zip		

College/University

_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Name	_____			
Address	_____			
City	State	Zip		

Vocational/Business

_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Name	_____			
Address	_____			
City	State	Zip		

Health Care Training

_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Name	_____			
Address	_____			
City	State	Zip		

Employment History

List below all present and past employment starting with your most recent employer.(last five years is sufficient) Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer: _____ Phone #: _____

Type of Business _____ Your supervisors Name _____

Address: _____

Position & Duties: _____

From: _____ To: _____ Reason for leaving: _____

May we contact this employer for a reference?..... Yes No

Name of Employer: _____ Phone #: _____

Type of Business _____ Your supervisors Name _____

Address: _____

Position & Duties: _____

From: _____ To: _____ Reason for leaving: _____

May we contact this employer for a reference?..... Yes No

Name of Employer: _____ Phone #: _____

Type of Business _____ Your supervisors Name _____

Address: _____

Position & Duties: _____

From: _____ To: _____ Reason for leaving: _____

May we contact this employer for a reference?..... Yes No

References

List below three person not related to you who have knowledge of your work performance within the last three years.

First Name	Last Name	Phone Number	
Address	City	State	Zip
Occupation	No. of years acquainted		

First Name	Last Name	Phone Number	
Address	City	State	Zip
Occupation	No. of years acquainted		

First Name	Last Name	Phone Number	
Address	City	State	Zip
Occupation	No. of years acquainted		

Please read carefully, initial each paragraph and sign below

Initials

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the Answers given by me are true and correct to the best of my knowledge I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials

I hereby authorize Madrone Hospice, Inc. to thoroughly investigate my references, work record, education and other matters related to my suitability for employment unless otherwise specified above. I further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initials

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for not definite or determinable period and may be terminated at any time, with our without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

Initials

In compliance with federal law, all persons hired will be required to verify identify and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

Applicant's Signature

Date