

BURKE HOSPICE AND PALLIATIVE CARE, INC.

APPLICATION FOR EMPLOYMENT AN EQUAL OPPORTUNITY EMPLOYER

(PLEASE PRINT)

Position(s) Applied For

Last Name

First Name

Middle Initial

Address (present) Number

Street

City

State

Zip Code

Telephone Number(s)

Email -

Home () -

Best time to contact you at home is:

_____:____ AM PM

If you are under 18 years of age, can you provide proof of your eligibility to work?

____ Yes ____ No

Have you ever been employed with us before? If yes, give date _____

____ Yes ____ No

May we contact your present employer?

____ Yes ____ No

Are you legally authorized to work in the United States at the present time?"

____ Yes ____ No

Proof of citizenship or immigration status will be required upon employment.

Date available to work ____/____/____

Are you available to work: ____ Mornings ____ Afternoon ____ Evenings ____ Nights

____ Weekends ____ Holidays ____ Per Diem ____ On-Call

Hours per week you are willing to work: _____ Do you have your own transportation? _____

Have you ever been excluded or been determined ineligible for participation in Medicare or Medical Assistance?

____ Yes ____ No If yes, please explain: _____

Have you ever been convicted of any criminal activity? ____ Yes ____ No If yes, please explain: _____

Employees must agree to submit required information that will enable the Employer to conduct a criminal background check and will also be checked on the National Sex Offender Public Registry. Failure to comply with this requirement will result in termination of employment.

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities.

| | | | |
|----------------------------|--------------------|-------|--|
| Employer | Dates Employed | | Specifically describe duties. Include equipment operated and supervisory responsibilities, if any. |
| | From | To | |
| Address | | | |
| Telephone Number(s) | Hourly Rate/Salary | | |
| | Starting | Final | |
| Starting/Present Job Title | | | |
| Supervisor (Name & Title) | | | |
| Reason for Leaving | | | May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | |
|----------------------------|--------------------|-------|--|
| Employer | Dates Employed | | Specifically describe duties. Include equipment operated and supervisory responsibilities, if any. |
| | From | To | |
| Address | | | |
| Telephone Number(s) | Hourly Rate/Salary | | |
| | Starting | Final | |
| Starting/Present Job Title | | | |
| Supervisor (Name & Title) | | | |
| Reason for Leaving | | | May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | |
|----------------------------|--------------------|-------|--|
| Employer | Dates Employed | | Specifically describe duties. Include equipment operated and supervisory responsibilities, if any. |
| | From | To | |
| Address | | | |
| Telephone Number(s) | Hourly Rate/Salary | | |
| | Starting | Final | |
| Starting/Present Job Title | | | |
| Supervisor (Name & Title) | | | |
| Reason for Leaving | | | May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | |
|----------------------------|--------------------|-------|--|
| Employer | Dates Employed | | Specifically describe duties. Include equipment operated and supervisory responsibilities, if any. |
| | From | To | |
| Address | | | |
| Telephone Number(s) | Hourly Rate/Salary | | |
| | Starting | Final | |
| Starting/Present Job Title | | | |
| Supervisor (Name & Title) | | | |
| Reason for Leaving | | | May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No |

EDUCATION

| School Name | Complete Address | Major | Minor | Years Completed | Type Diploma / Degree |
|-----------------------|------------------|-------|-------|-----------------|-----------------------|
| High School | | | | | |
| Undergraduate College | | | | | |
| Graduate/Professional | | | | | |
| Other (Specify) | | | | | |

Describe any specialized training, apprenticeship, skills, equipment used and extra-curricular activities.

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Registration / Certification / License

| | | | |
|-------------|---------------|--------------|-------------------|
| Type: _____ | Number: _____ | State: _____ | Expiration: _____ |
| Type: _____ | Number: _____ | State: _____ | Expiration: _____ |

ADDITIONAL INFORMATION

| |
|--|
| Other Qualifications <i>Summarize special job-related skills and qualifications acquired from employment or other experience.</i> |
| |
| |

PERSONAL/PROFESSIONAL REFERENCES *Do not include family members or past supervisors.*

| Name | Phone# | Email | Occupation |
|----------|----------|----------|------------|
| 1. _____ | 1. _____ | 1. _____ | 1. _____ |
| 2. _____ | 2. _____ | 2. _____ | 2. _____ |
| 3. _____ | 3. _____ | 3. _____ | 3. _____ |

Why do you want to work with Hospice? _____

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APPLICANT'S STATEMENT

I certify that the information contained in this application is true and complete. I understand that any falsification or omissions of information will be sufficient grounds for denial of employment, and if hired, for termination. I understand that employment is conditioned upon verification of the information contained herein.

I authorize the listed employers, schools, and personal references, as well as any other persons; schools; companies; credit bureaus; state licensing; law enforcement and other government agencies; to give Burke Hospice and Palliative Care, Inc. (without further notice to me) any and all information about my previous employment and education, along with any other pertinent information they may have, personal or otherwise. I release all parties from all liability and agree not to file any claim, lawsuit of any other cause of action of any kind against any person or entity arising out of the furnishing or use of such information.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Burke Hospice and Palliative Care, Inc. is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct.

In consideration of my employment by Burke Hospice and Palliative Care, Inc. I agree to learn and conform to Burke Hospice and Palliative Care, Inc. rules and policies. I further agree that I have the right to terminate my employment without notice at any time for any reason, and that Burke Hospice and Palliative Care, Inc. also retains this right.

Signature of Applicant

Date

NONDISCRIMINATION

It is the policy of Burke Hospice and Palliative Care, Inc., to consider all applicants for employment without regard to age, race, color, religion, sex, national origin, medical condition or handicap, or any other characteristic legally protected by law. No questions on this application are intended to secure information to be used for such discrimination.

**Burke Hospice and Palliative Care, Inc.
1721 Enon Road
Valdese, NC 28690
(828) 879-1601**

EEO SELF-IDENTIFICATION FORM (RACE & GENDER)

PLEASE READ ALL INSTRUCTIONS CAREFULLY

It is the policy of this organization to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, religion, national origin, gender, age, veteran status or disability. This organization is subject to certain nondiscrimination and affirmative action record-keeping and reporting requirements which require us to invite job applicants and employees to voluntarily self-identify their race/ethnicity and gender. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders, and regulation, including those which require the information to be summarized and reported to the federal government for civil rights enforcement purposes.

COMPLETION OF THIS FORM IS VOLUNTARY AND IN NO WAY AFFECTS THE DECISION REGARDING YOUR APPLICATION FOR EMPLOYMENT. THIS FORM IS CONFIDENTIAL AND WILL BE MAINTAINED SEPARATELY FROM YOUR APPLICATION FORMS.

If you chose not to self-identify at this time, the federal government requires this employer to determine the information asked below by visual survey and/or other available information.

INVITATION TO SELF-IDENTITY

PLEASE PRINT

Name: _____
Last First Middle

Position applied for: (list only one) _____

What is your gender? Male Female

What is your race/ethnicity? You may mark **ONLY ONE** box.

Hispanic/Latino: a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture of origin, regardless of race

White (not Hispanic or Latino): a person having origins in any of the original peoples of Europe, the Middle East, or North Africa

Black or African American (not Hispanic or Latino): a person having origins in any of the black racial groups of Africa

Asian (not Hispanic or Latino): a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam

Native Hawaiian or Pacific Islander (not Hispanic or Latino): a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment

Two or more races (not Hispanic or Latino): all persons who identify with more than one of the above five races

Signature: _____ Date: _____