



APPLICATION FOR EMPLOYMENT or VOLUNTEER

PLEASE PRINT

Date of Application	Position(s) Applied for		
Last Name	First Name	Middle Name	
Mailing Address	City	State	Zip Code
Home Telephone Number		Work Telephone Number	

	<u>YES</u>	<u>NO</u>
Are you currently employed?	<input type="checkbox"/>	<input type="checkbox"/>
May we contact your present employer?	<input type="checkbox"/>	<input type="checkbox"/>
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status will be required upon employment)	<input type="checkbox"/>	<input type="checkbox"/>

On what date will you be available to work? _____

Are you available to work: Full Time Part Time Per Diem

"WE ARE AN EQUAL OPPORTUNITY EMPLOYER"

General

Have you ever committed a crime?
 (A conviction will not necessarily disqualify you from the position for which you have applied)
 If Yes, please explain _____

Have you ever been convicted of a felony?
 (A conviction will not necessarily disqualify an applicant from employment)
 If Yes, please explain _____

Do you understand that all offers will be contingent upon the verification of lawful employment status as required by the Immigration Reform Act and Control Act of 1986 and that you must complete this process before starting work? If hired, can you verify eligibility to work in the United States?
 _____YES _____NO

Do you understand that employment is contingent upon successfully completing a screening for drugs? Failure to comply or a confirmed positive test will result in retraction of the offer. _____YES _____NO

Do you understand that employment is contingent upon successfully completing all pre-employment requirements as outlined in the policy? _____YES _____NO

EDUCATION AND TRAINING	SCHOOL NAME/ADDRESS	COURSE OF STUDY	YEARS COMP.	DEGREE/ DIPLOMA
HIGH SCHOOL				
UNDERGRADUATE COLLEGE				
GRADUATE PROFESSIONAL				

PLEASE INDICATE ANY FOREIGN LANGUAGES YOU CAN SPEAK, READ AND/OR WRITE			
	<u>FLUENT</u>	<u>GOOD</u>	<u>FAIR</u>
SPEAK			
READ			

DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS, AND EXTRA CURRICULAR ACTIVITIES INCLUDING MILITARY.

State any additional information you feel may be helpful in considering your application:

ACADEMIC ACHIEVEMENTS: PLEASE LIST ALL PROFESSIONAL CERTIFICATES, LICENSES OR ORGINZATION. (Please list ALL Licenses, including; state of issue, number, and expiration date)

EMPLOYMENT HISTORY: Have you ever been involuntarily terminated or asked to resign? If so, explain:_____

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. **INCLUDE COMPLETE MAILING ADDRESS WITH ZIP CODE- APPLICATION CANNOT BE PROCESSED WITHOUT THIS INFORMATION**

EMPLOYER	DATES EMPLOYED	WORK PERFORMED
MAILING ADDRESS	START-END	
CITY, STATE		
ZIP CODE	WAGE START-WAGE FINAL	
TELEPHONE NUMBER		
JOB TITLE		

EMPLOYER	DATES EMPLOYED	WORK PERFORMED
MAILING ADDRESS	START-END	
CITY, STATE		
ZIP CODE	WAGE START-WAGE FINAL	

TELEPHONE NUMBER		
JOB TITLE		

EMPLOYER	DATES EMPLOYED	WORK PERFORMED
MAILING ADDRESS	START-END	
CITY, STATE		
ZIP CODE	WAGE START-WAGE FINAL	
TELEPHONE NUMBER		
JOB TITLE		

IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER.

PROFESSIONAL REFERENCES: INCLUDE COMPLETE MAILING ADDRESS WITH ZIP CODE-
APPLICATION CANNOT BE PROCESSED WITHOUT THIS INFORMATION

1. _____
Name Mailing Address City State Zip

Telephone Number

2. _____
Name Mailing Address City State Zip

Telephone Number

3. _____
Name Mailing Address City State Zip

Telephone Number



BACKGROUND INVESTIGATION

APPLICANT'S STATEMENT:

I certify that the information on this application is true and complete. I understand that any misstatements or omissions of information are grounds for denial for employment, and if hired, for dismissal. I understand that the employment is conditional upon verification of information contained herein, as well as passing a post-offer employment drug test and satisfactorily completing all pre-employment requirements as outlined in the policy.

I give the facility and its agents the right to request, and give the listed employers and schools as well as any other persons, schools, companies, state licensing, law enforcement and other governmental agencies, the right to give the facility (without any further notice to me) any and all information about background, 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 claims, lawsuit or any other cause of action of any kind against any person or entity arising out of the furnishing, receipt or use of such information.

This application for employment shall be considered active for a period not less than 45 days. Any applicant wishing to be considered for employment beyond 6-months should request that their application be kept on file for consideration on other job opportunities.

I hereby authorize Agape Hospice and Palliative Care and its agents to research my background, character, education, and employment history. This includes contacting professional and personal references, and possibly receive records maintained by individuals, and/or organizations both public and private. This may include workmen's compensation information.

I release, hold harmless, indemnify, and agree to defend Agape Hospice and Palliative Care and its agents from any and all liability, claims or law suits relating to the above mentioned research, the use of any information obtained as a result of the research, and any decisions made based on the findings of the research.

I have never been convicted of any crime or act of abuse, harm, neglect, theft, or any misdeed against any person.

I understand that my failure to reveal any prior employment I have had within the past ten (10) years or providing false/misleading information, either on my employment application or this form, may be grounds for denial of employment and/or termination if Agape Hospice and Palliative Care employs me.

I AGREE THAT MY EMPLOYMENT WILL BE COVERED BY THE FACILITIES POLICIES.

Applicant's Printed Name

Applicant's Signature

Date

CRIMINAL HISTORY INVESTIGATION

Statements 1-15 below refer to any criminal conviction which may be either a felony or misdemeanor.

1. I have never been convicted of murder, voluntary manslaughter, or mayhem.
2. I have never been convicted of assault with intent to kill or to commit sexual assault or mayhem.
3. I have never been convicted of sexual assault, statutory sexual seduction, incest, lewdness, indecent exposure, or any other sexually related crime.
4. Within the past seven years, I have not been convicted of prostitution, solicitation, lewdness, indecent exposure, or any other sexually related crime that is punished as a misdemeanor.
5. I have never been convicted of a crime involving domestic violence that is punished as a felony.
6. Within the past seven years, I have not been convicted of a crime involving domestic violence that is punished as a misdemeanor.
7. I have not been convicted of abuse or neglect of a child or contributory delinquency.
8. Within the past seven years, I have not been convicted of any federal or state law regulating the possession, distribution, or use of and controlled substance or any dangerous drug as defined in chapter 454 of NRS.
9. I have never been convicted of abuse, neglect, exploitation or isolation of older persons or valuable persons, including, without limitation, a violation of any provision of NRS 200.5091 to NRS 200.50995, inclusive, or a law of any other state or other jurisdiction that prohibits the same or similar conduct.
10. Within the past seven years, I have not been convicted of any provision of law relating to the State Plan for Medicaid or a law of any other state or other jurisdiction that prohibits that same or similar conduct.
11. I have never been convicted of a violation of any provision of NRS 422.450 TO NRS 422,590, inclusive, statutory provisions relating to Nevada's State Plan for Medicaid.
12. Within the past seven years, I have not been convicted of any crime or offense under the laws governing Medicaid or Medicare.
13. Within the past seven years, I have not been convicted of any offense involving fraud, theft, embezzlement, burglary, robbery, fraudulent conversion or misappropriation of property.
14. Within the past seven years, I have not been convicted of any felony involving the use or threatening use of force or violence against the victim or the use of a firearm or other deadly weapon.
15. Within the past seven years, I have not attempted or conspired to commit any of the offenses listed in this paragraph.

I affirm that the statements 1-15 above are true and correct. I authorize the submission of my fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its background check report. Agape Hospice and Palliative Care is prohibited from employing any individual convicted of these crimes (NRS 449.188a).

Print Name

Signature

Date