



1565 Hotel Circle South, Suite 320  
 San Diego, CA 92108  
 (619) 450-4414

**EMPLOYMENT APPLICATION**

We appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will help us potentially place you in a position that meets your objectives and those of the organization. Qualified applicants are considered for all positions without regard to race, color, religion, sex, pregnancy, national origin, ancestry, age, marital or veteran status, sexual orientation, gender identity, or the presence of a non-job related medical condition or disability (mental or physical).

**Instructions for Applicant**

You must fully and accurately complete the Application for Employment. Incomplete applications will not be considered. Apreva Hospice may use the information given in the application to investigate the applicant's previous employment and background. If you are hired, proof of citizenship or immigration status will be required to verify your lawful right to work in the United States.

<b>PERSONAL INFORMATION</b>			APPLICATION DATE
LAST NAME	FIRSTNAME	MIDDLE INITIAL	TELEPHONE NUMBER
PRESENT ADDRESS	CITY	STATE	ZIP
OTHER PHONE NUMBER			
EMAIL ADDRESS	HAVE YOU EVER USED ANOTHER NAME? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" PLEASE LIST:	
ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES? (PROOF OF AUTHORIZATION WILL BE REQUIRED IF HIRED) <input type="checkbox"/> YES <input type="checkbox"/> NO		HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO	

<b>EMPLOYMENT DESIRED</b>		DATE AVAILABLE	SALARY DESIRED
POSITION DESIRED OR AREA OF INTEREST		HAVE YOU EVER APPLIED TO THIS ORGANIZATION BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, GIVE DATE/POSITION APPLIED FOR
HAVE YOU EVER BEEN EMPLOYED BY OUR ORGANIZATION BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, GIVE DATES OF EMPLOYMENT	NAMES OF FRIENDS OR RELATIVES EMPLOYED BY THIS ORGANIZATION	
CAN YOU WORK OVERTIME? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING WITH OR WITHOUT REASONABLE ACCOMMODATION? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF LICENSED OR CERTIFIED FOR YOUR JOB, HAS YOUR LICENSE OR CERTIFICATION EVER BEEN UNDER REIVEW, PROBATION, OR SUSPENSION? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES TO ANY OF THESE, PLEASE EXPLAIN: (A YES ANSWER WILL NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT.)	

<b>EDUCATION AND TRAINING</b>		PLEASE INDICATE ANY LANGUAGES, OTHER THAN ENGLISH THAT YOU SPEAK _____ READ _____ WRITE _____		
SCHOOL LEVEL	LOCATION	YEAR	DEGREES AND/OR DIPLOMAS	
HIGH SCHOOL				
COLLEGE				
COLLEGE				
OTHER				
LIST ACTIVITES OR PROFESSIONAL OR TRADE ASSOCIATIONS IN WHICH YOU HAVE BEEN ACTIVE AND WHICH YOU BELIEVE ARE RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING:		ARE YOU PRESENTLY TAKING ANY EDUCATIONAL COURSE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT AND WHERE		

PROFESSIONAL LICENSES/CERTIFICATES				
LICENSE/CERTIFICATION	LICENSE/CERT. NUMBER	STATE/ORGANIZATION ISSUED BY:	EXPIRATION	TEMP / PERM
				<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>
DO YOU HAVE A CURRENT CPR CERTIFICATION? <input type="checkbox"/> YES <input type="checkbox"/> NO			EXPIRATION:	

DRIVING INFORMATION * FOR DRIVING JOBS ONLY: (HOMECARE/HOME HEALTH STAFF AND OTHER DESIGNATED POSITIONS)	
DO YOU HAVE A VALID DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU HAVE AUTOMOBILE INSURANCE? (PROOF OF AUTOMOBILE INSURANCE IS REQUIRED IF YOUR POSITION REQUIRES DRIVING) <input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU HAD YOUR DRIVER'S LICENSE SUSPENDED/REVOKED IN THE LAST 3 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE EXPLAIN:
DRIVERS LICENSE NUMBER	STATE EXPIRATION DATE

REFERENCES		PLEASE LIST THREE REFERENCES WHO HAVE SPECIFIC KNOWLEDGE OF YOUR WORK EXPERIENCE AND WHO ARE QUALIFIED TO EVALUATE YOUR CAPABILITIES	
NAME AND ADDRESS	TELEPHONE	OCCUPATION	YEARS KNOWN
1.			
2.			
3.			
EMERGENCY INFORMATION		IN CASE OF EMERGENCY, NOTIFY	
NAME		TELEPHONE NUMBER	
ADDRESS	CITY	STATE	ZIP

EMPLOYMENT HISTORY		GIVE EMPLOYMENT RECORD AS COMPLETELY AS POSSIBLE, LISTING MOST RECENT EMPLOYMENT FIRST, INCLUDE EMPLOYED/SELF-EMPLOYED PERIODS AND PART-TIME OR SUMMER WORK				
COMPANY NAME AND LOCATION	TELEPHONE	POSITION(S) HELD	RATE OF PAY (HR/WK/MO)	DATES EMPLOYED	REASON FOR LEAVING	DESCRIPTION OF DUTIES
			START:	END:		
			END:	FROM:		
TYPE OF BUSINESS:						
			START:	END:		
			END:	FROM:		
TYPE OF BUSINESS:						
			START:	END:		
			END:	FROM:		
TYPE OF BUSINESS:						
MAY WE CONTACT THESE EMPLOYERS? <input type="checkbox"/> YES <input type="checkbox"/> NO		COMMENTS				

**ACKNOWLEDGEMENT - PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING.**

I certify that I am submitting a COMPLETE application and that the information contained in this application is correct to the best of my knowledge and that I understand that falsification or omission of pertinent information is grounds for refusal to hire, or if hired, my dismissal from employment. I understand that any offer of employment is contingent upon satisfactory proof of identity and legal authority to work in the United States. I understand that any offer of employment is contingent upon successful completion of a pre-placement health assessment, TB test, background check and favorable reference information. Any candidate who refuses to go through the pre-placement health assessment, TB test, and background check will not be considered for employment with Apreva Hospice. I understand that unfavorable reference information may be cause for withdrawal of an offer of employment at any stage of the hiring process.

I authorize any of the persons or organizations referenced in the application to give you any and all information concerning my previous employment, education, or any other information that might have, personal or otherwise, with regard to any of the subjects covered by this application. I hereby release them and Apreva Hospice from any and all liability for issuing, receiving, or using any such information. I authorize Apreva Hospice to request and receive such information.

I acknowledge that any employment resulting from this application process will be "at will". I acknowledge that my employment may be terminated, and any offer of employment, if such is made, may be withdrawn, with or without prior notice, at any time, at the option of the company or myself. In consideration for my employment and my being considered for employment by your company, I agree to conform to the rules and regulations of the company and acknowledge that these rules and regulations may changed, interpreted, withdrawn, or added to by your company at any time, at the company's sole option and without prior notice to me, and that the "at will" status of employment is fully maintained and intact.

Applicant's Name \_\_\_\_\_  
Please Print

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_