



CROWN
HOSPICE

EMPLOYMENT APPLICATION

WE OFFER EQUAL EMPLOYMENT OPPORTUNITIES TO ALL PERSONS AND DO NOT DISCRIMINATE BASED ON RACE, COLOR, RELIGION, AGE, MARITAL STATUS, SEX, NATIONAL ORIGIN, DISABILITY, OR ANY OTHER LEGALLY PROTECTED STATUS.

Crown Hospice

2858 Professional Court

Cape Girardeau, MO 63703

573-335-4800

Crown Hospice

1125 Herschel Bess Blvd, Unit 1

Poplar Bluff, MO 63901

573-840-5029

TECHNICAL _____

EMPLOYMENT HISTORY
(MAY INCLUDE VOLUNTEER POSITIONS WHERE APPLICABLE)

COMPANY NAME	DATES EMPLOYED (MO/YR)
_____	FROM _____ TO _____
ADDRESS	TELEPHONE: _____
_____	_____
CITY, STATE, ZIP	HOURLY PAY OR SALARY (CIRCLE ONE)
_____	START _____ LAST _____
TITLE/POSITION	NAME AND TITLE OF SUPERVISOR
_____	_____

BRIEFLY DESCRIBE YOUR DUTIES

PERSON(S) WE MAY CONTACT FOR REFERENCE

REASON FOR LEAVING

COMPANY NAME	DATES EMPLOYED (MO/YR)
_____	FROM _____ TO _____
ADDRESS	TELEPHONE: _____
_____	_____
CITY, STATE, ZIP	HOURLY PAY OR SALARY (CIRCLE ONE)
_____	START _____ LAST _____
TITLE/POSITION	NAME AND TITLE OF SUPERVISOR
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REASON FOR LEAVING

IF MORE INFORMATION PLEASE ATTACH A SEPARATE SHEET

PROFESSIONAL REGISTRATION LICENSURE OR CERTIFICATION	STATE	ID NUMBER	EXPIRATION
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OTHER STATES WHERE FORMERLY OR CURRENTLY REGISTERED _____
IS YOUR PROFESSIONAL LICENSE OR REGISTRATION CURRENTLY SUSPENDED OR REVOKED IN ANY STATE? Y N

IF YES, EXPLAIN _____
HAVE YOU EVER HAD A PROFESSIONAL LICENSE OR REGISTRATION REVOKED IN ANY STATE? YES NO

IF YES, EXPLAIN _____

MILITARY HAVE YOU EVER SERVED IN THE ARMED FORCES? YES NO
DESCRIBE THE TRAINING RECEIVED RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING: _____

CERTIFICATION

I CERTIFY THAT THE INFORMATION GIVEN BY ME IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I AGREE TO HAVE ANY OF THE ABOVE INFORMATION CHECKED BY SEASONS HOSPICE, INC. I AUTHORIZE THE USE OF ANY INFORMATION IN THIS APPLICATION TO VERIFY MY STATEMENTS AND I AUTHORIZE PAST EMPLOYERS, ALL REFERENCES, AND ANY OTHER PERSONS WHOM SEASONS HOSPICE, INC. CONTACTS TO ANSWER ALL QUESTIONS ASKED CONCERNING MY ABILITY, CHARACTER, REPUTATION, PREVIOUS EMPLOYMENT, EDUCATION, PUBLIC RECORDS, PROFESSIONAL CREDENTIALS, MOTOR VEHICLE RECORDS AND OTHER PERTINENT INFORMATION. I RELEASE ALL SUCH PERSONS FROM ANY LIABILITY OR DAMAGES ON ACCOUNT OF HAVING FURNISHED SUCH INFORMATION. I UNDERSTAND THAT ANY MISREPRESENTATION, FALSIFICATION, OR MATERIAL OMISSION OF INFORMATION ON THIS APPLICATION MAY RESULT IN MY FAILURE TO RECEIVE AN OFFER OF EMPLOYMENT OR, IF I AM HIRED, MY TERMINATION FROM EMPLOYMENT.

I UNDERSTAND THAT NOTHING CONTAINED IN THIS EMPLOYMENT APPLICATION OR IN THE GRANTING OF AN INTERVIEW IS INTENDED TO CREATE AN EMPLOYMENT CONTRACT BETWEEN SEASONS HOSPICE, INC. AND MYSELF FOR EITHER EMPLOYMENT OR FOR THE PROVIDING OF ANY BENEFIT. NO PROMISES REGARDING EMPLOYMENT HAVE BEEN MADE TO ME, AND I UNDERSTAND THAT NO SUCH PROMISES OR GUARANTEES ARE BINDING UPON SEASONS HOSPICE, INC. UNLESS MADE IN WRITING. IF AN EMPLOYMENT RELATIONSHIP IS ESTABLISHED, I UNDERSTAND THAT I HAVE THE RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME AND THAT SEASONS HOSPICE, INC. RETAINS THE SAME RIGHT. I UNDERSTAND THAT NO EMPLOYEE OR REPRESENTATIVE OF SEASONS HOSPICE, INC. HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OR FOR EMPLOYMENT ON OTHER THAN AN AT-WILL BASIS. FURTHERMORE, THE AT-WILL NATURE OF EMPLOYMENT CANNOT BE ALTERED EXCEPT IN SIGNED WRITING BY THE PRESIDENT OR EXECUTIVE DIRECTOR.

I UNDERSTAND THAT IF I AM OFFERED EMPLOYMENT WITH SEASONS HOSPICE, INC. I MAY BE SUBJECT TO A CRIMINAL BACKGROUND CHECK, A DRUG AND/OR ALCOHOL SCREEN, USING URINE OR BLOOD TESTS, AND AN EMPLOYMENT EXAMINATION. IN THE EVENT I HAVE A DISABILITY WHICH WILL AFFECT MY ABILITY TO TAKE THE TEST, I WILL SO INFORM SEASONS HOSPICE, INC. PRIOR TO THE ADMINISTRATION OF THE TEST SO THAT A REASONABLE ACCOMODATION CAN BE MADE. REQUESTED ACCOMODATION MAY INCLUDE ACCESSIBLE TESTING SITES, MODIFIED TESTING CONDITIONS, AND ACCESSIBLE TESTING FORMATS. SEASONS HOSPICE, INC. RESERVES THE RIGHT TO REQUIRE MEDICAL DOCUMENTATION CONCERNING THE NEED FOR THE ACCOMODATION.

I ALSO UNDERSTAND THAT ALL OFFERS OF EMPLOYMENT ARE CONDITIONED ON THE PROVISION OF SATISFACTORY PROOF OF AN APPLICANT'S IDENTITY AND LEGAL AUTHORITY TO WORK IN THE UNITED STATES.

APPLICANTS SIGNATURE _____ DATE _____

THIS APPLICATION WILL REMAIN ACTIVE FOR A PERIOD OF 90 DAYS.
YOU MUST COMPLETE ANOTHER APPLICATION FORM SHOULD YOU WISH TO REMAIN ON FILE