

Tidelands Community Hospice

Application for Employment

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

Please Print

| | |
|------------------------------------|---------------------------|
| Position applied for _____ | Date of application _____ |
| <input type="checkbox"/> Facility | |
| <input type="checkbox"/> Home Care | |

| | | |
|----------------------------------|----------|-------------|
| How Did You Learn About Hospice? | | |
| Advertisement | Friend | Walk-In |
| Employment Agency | Relative | Other _____ |

| | | |
|-------------------------------|------------|-----------------|
| Last Name | First Name | Middle Name |
| Address | | City State Zip |
| Telephone Number(s) Number | | Social Security |

Have you ever filed an application with us before? Yes No
If yes, give date _____

Have you ever been employed with us before? Yes No
If yes, give date _____

Are you currently employed? Yes No
May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment

On what date will you be available for work? _____

How much notice are you willing to give your present employer? _____

Are you available to work: ___ F/T ___ P/T ___ PRN ___ Shift Work ___ Temporary ___ Weekends

Can you travel if a job requires it? Yes No

I certify that I have not been convicted, nor pled nolo contendere to any crime involving abuse, neglect of an adult or child or any other crime (other than a minor traffic violation)

Signature _____ Date _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

| | Name and Address of School | Course of Study | Years Completed | Diploma/Degree |
|-----------------------|----------------------------|-----------------|-----------------|----------------|
| High School | | | | |
| Undergraduate College | | | | |
| Graduate College | | | | |
| Other | | | | |
| | | | | |

Indicate any foreign languages you can speak, read and/or write

| | FLUENT | GOOD | FAIR |
|-------|--------|------|------|
| SPEAK | | | |
| READ | | | |
| WRITE | | | |

Describe any specialized training, apprenticeships, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

List any professional, trade, business or civic activities and offices held.
You may exclude membership that would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Other qualifications
Summarize special job-related skills and qualifications acquired from employment or other experience.

State any additional information you feel may be helpful to us in considering your application.

Employment Experience

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

| | | | | |
|----|---------------------|------------|--------------------|----------------|
| 1. | Employer | | Dates Employed | Work Performed |
| | Address | | From To | |
| | Telephone Number(s) | | Hourly Rate/Salary | |
| | Job Title | Supervisor | Starting Final | |
| | Reason for Leaving | | | |
| 2. | Employer | | Dates Employed | Work Performed |
| | Address | | From To | |
| | Telephone Number(s) | | Hourly Rate/Salary | |
| | Job Title | Supervisor | Starting Final | |
| | Reason for Leaving | | | |
| 3. | Employer | | Dates Employed | Work Performed |
| | Address | | From To | |
| | Telephone Number(s) | | Hourly Rate/Salary | |
| | Job Title | Supervisor | Starting Final | |
| | Reason for Leaving | | | |
| 4. | Employer | | Dates Employed | Work Performed |
| | Address | | From To | |
| | Telephone Number(s) | | Hourly Rate/Salary | |
| | Job Title | Supervisor | Starting Final | |
| | Reason for Leaving | | | |

List professional, trade, business or civic activities and offices held.

You may exclude membership that would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status:

Specialized Skills:

Computer Windows Other: _____
 Microsoft Word Excel _____

| | | |
|-----|------------------|-------|
| FAX | _____ Calculator | _____ |
|-----|------------------|-------|

References: (Persons must not be related to you)

| | | |
|----|-----------|-----------|
| 1. | _____ () | _____ |
| | (Name) | (Phone #) |
| | _____ | |
| | (Address) | |
| 2. | _____ () | _____ |
| | (Name) | (Phone #) |
| | _____ | |
| | (Address) | |
| 3. | _____ () | _____ |
| | (Name) | (Phone #) |
| | _____ | |
| | (Address) | |

Mail to: Tideland Community Hospice, 2591 North Fraser Street, Georgetown, SC 29440
E-mail: info@tidelandshospice.org

Tidelands Community Hospice, Inc.

Background Screening

As you probably have heard over the last few years, sexual abuse/molestation has become a grave concern for all of us. The most effective and important part of an abuse prevention program is doing careful checks on the backgrounds of all employees and volunteers who have contact with patients or with children in bereavement programs.

It is known that sexual abuse is an infrequent occurrence in the hospice industry. However, when it does occur, it is devastating to the person who is abused and to the agency where the abuse occurs. While prevention is an expense, the expense of failing to prevent abuse is much greater.

The attached screening must be completed prior to any direct contact with patients or children during normal operations or prior to working with children in the Good Mourning Day Camp.

Tidelands Community Hospice, Inc.

Background Screening Checklist

- _____ 1. Social Security Number Verification
(photocopy SS card. Only applies to hired employees)
- _____ 2. Residency information.
(Copy of document with address)
- _____ 3. Present employment and two previous employers' verification.
(If employed for less than 5 years in present position)
- _____ 4. Education and professional licensing verification.
(Must be verified with educational institution or state licensing agency.)
- _____ 5. Driver's license information (MVR) (copy)
- _____ 6. State criminal record search for each employee/volunteer who has patient contact, or a county criminal search for each county where the employee/volunteer has resided for the past five years. (Not available in California, Louisiana, Mississippi, Vermont or Nevada)
- _____ 7. S.C. New Hire Reporting. (Must be done within first 20 days. Only required for persons actually hired. Volunteers N/A)
- _____ 8. Copy of SC license/registration , if applicable.

Attach appropriate documentation to this checklist. File in personnel folder.

Date completed _____ By _____
Signature/Title

All employees/volunteers who work directly with patients or children during normal operations or who work with children at bereavement camps must undergo a comprehensive background check.

Employee/volunteer permission.

I give my permission for Tidelands Community Hospice to conduct a comprehensive background check on me that includes, at a minimum, the points listed above.

Signature

Date

Tidelands Community Hospice, Inc.

I certify that I have not been convicted, nor pled nolo contendere to any crime involving abuse, neglect, of an adult or child or any crime (other than minor traffic violation).

Name

Date