|  |  |
| --- | --- |
| 3619 Davis Avenue, Laredo, Texas 78041 Phone: 833-663-8271 Fax: 956-450-7251 | **Application for Employment** |

WE ARE AN EQUAL OPPORTUNITY EMPLOYER. This Agency is committed to the policy of equal employment opportunity in recruitment, hiring, career advancement, and all other personnel practices. Your job-related experience and other qualifications will be considered without discrimination on grounds of race, gender, sexual orientation, disability, religion, age, color, national origin or ancestry, or other factors which cannot be lawfully used as a basis for an employment decision. All other information provided in this application will be treated confidentially and will be used only to help assure the best use of your abilities if you are employed by us.

Read the following instructions carefully before completing this application for employment.

*All* requested information must be furnished. Fill in *all* spaces accurately and completely. If an item does not apply to you, or if there is no information to be given, write in the letters “NA” for “not applicable”.

All information contained on the application is subject to verification. Any omissions or erroneous statements may be cause for rejection of this application, removal from eligibility, or discharge from the Agency.

## PERSONAL DATA

(PRINT or TYPE) Date

LEGAL NAME Social Security Number OTHER NAMES EVER USED ADDRESS

Street or PO Box City State Zip Code

HOME PHONE \_\_\_\_\_\_\_\_\_\_\_\_CELL PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you over the age of 18? Yes  No 

If employed, can you provide proof of U.S. citizenship, immigration, or visa status which permits you to be employed in the U.S.? Yes  No 

Have you been convicted of a felony or misdemeanor within the past five years? (Include military convictions) \* Yes  No  If yes, please explain where, when and reason:

Have you ever been convicted of any crime? (including sex-related or child abuse related offenses)

Yes  No  If yes, please explain where, when and reason:

Vara Hospice is required by state law to conduct a Criminal Background Check on all new employees.

Vara Hospice, Inc. is a drug free work environment. A drug testing policy is in place.

An automobile in good working condition is a requirement for employment with Vara Hospice.

Do you have a valid Driver’s License? Yes  No  License #

## EMPLOYMENT INFORMATION

Position(s) applying for: Date available for work: Are you available to work: Full-time  Part-time  Temporary Volunteer 

Hours available to work/volunteer: How did you learn of our Agency?

## EDUCATION/TRAINING

Circle the highest grade level completed in school: 1 2 3 4 5 6 7 8 9 10 11 12+

 High School Diploma or G.E.D.? Yes  No 

Give the following information about the schools you have attended:

|  |  |  |  |
| --- | --- | --- | --- |
| SCHOOL | NAME & LOCATION | DEGREE | COURSE OF STUDY/MAJOR |
| High School |  |  |  |
|  |
| College/ University |  |  |  |
|  |
| Graduate School |  |  |  |
|  |
| Business/ Trade School |  |  |  |
|  |
| Other |  |  |  |
|  |

List or describe any school courses, specialized training, or apprenticeship programs that relate to the position for which you are applying:

Licenses, trade or professional registrations, honors, awards, fellowships:

List any clubs, organizations, or community service that contribute to your qualifications for the position for which you are applying, as well as dates of membership and offices held:

## EMPLOYMENT HISTORY

Beginning with your present job (or immediate past job if unemployed) give the following information:

1. Company Position Address Phone ( ) Dates: From To

Supervisor’s name and title

Specific duties

Reason for leaving

1. Company Position Address Phone ( ) Dates: From To

Supervisor’s name and title

Specific duties

Reason for leaving

1. Company Position Address Phone ( ) Dates: From To

Supervisor’s name and title

Specific duties

Reason for leaving

1. Company Position Address Phone ( ) Dates: From To

Supervisor’s name and title

Specific duties

Reason for leaving

List or describe any work activities not stated above that are related to the position for which you are applying:

### Skip this section if not applicable

Have you ever supervised other employees? Yes  No  If yes, indicate in which job, the number of employees and the extent of your responsibility:

## SKILL INVENTORY

### Skip this section if not applicable:

Indicate ability to complete the following tasks:

1.  Type WPM C.  Word Processing E.  Data Entry/Software
2.  Bookkeeping/accounting D.  Spreadsheets/Excel

List any tools, machines, or equipment you can operate:

List any other skills you have:

The space below can be used to give any additional information you believe is pertinent to this application.

## READ THIS APPLICATION AND YOUR ANSWERS CAREFULLY BEFORE SIGNING BELOW:

I hereby certify that all the statements contained here are true to the best of my knowledge and I understand that omissions or misstatements may be used for rejection of this application, removal of my name from eligibility, or discharge from service. I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision. I understand that a Criminal Background Check will be conducted following an offer of employment and my employment is contingent upon its results. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

Applicant Signature Date

# PROFESSIONAL REFERENCES

Please provide us with the names of two professional references whom we may contact for a personal or employment reference. Be sure to complete the consent portion at the bottom of this form and sign the Request for References form. Thank you.

**REFERENCE 1**

Name: Address:

Daytime Phone: Relationship to applicant:

**REFERENCE 2**

Name: Address:

Daytime Phone: Relationship to applicant:

**Applicant’s Consent to Release Information**

I hereby authorize the release of any and all information concerning me to Vara Hospice, Inc. In so doing, I hereby provide consent to and release the contacted individual, company, or institution and all individuals connected therewith from all liability for any damage whatsoever incurred in furnishing such information. A copy of the authorization shall be considered as valid as the original.

Applicant’s Signature Date

Applicant Name (print) Other (Former) Name

Last four # Social Security Number

REQUEST FOR REFERENCES

You have been listed as a REFERENCE by the applicant listed below who has applied for employment with our Agency. We ask that you verify and complete this form at your earliest convenience and return it to our office. Your assistance is crucial as we place great importance on thorough screening of our applicants. Thank you for taking the time needed to complete this reference form.

Supervisor (Signature If Applicable) Title

Name of Company:

I hereby authorize the release of any and all information concerning me to Vara Hospice. In so doing, I hereby release the contacted individual, company, or institution and all individuals connected therewith from all liability for any damage whatsoever incurred in furnishing such information. A copy of this authorization shall be considered as valid as the original.

Applicant’s Signature Date

Name of Applicant (print) Other (Former) Name

Last four # Social Security Number

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **EXCELLENT** | **GOOD** | **FAIR** | **POOR** |
| Job Knowledge |  |  |  |  |
| Ability to communicate with co-workers |  |  |  |  |
| Ability to communicate with clients/customers |  |  |  |  |
| Ability to follow instructions |  |  |  |  |
| Honesty |  |  |  |  |
| Initiative |  |  |  |  |
| Appearance |  |  |  |  |
| Dependability |  |  |  |  |
| Punctuality |  |  |  |  |

Dates Employed: From: To: Position held:

Reason for leaving:

Eligible for re-employment: Yes

No

If not, please explain:

General Comments:

Date Reference was called: If Reference was not reached, date(s) VM was left:

REQUEST FOR REFERENCES

You have been listed as a REFERENCE by the applicant listed below who has applied for employment with our Agency. We ask that you verify and complete this form at your earliest convenience and return it to our office. Your assistance is crucial as we place great importance on thorough screening of our applicants. Thank you for taking the time needed to complete this reference form.

Supervisor (Signature If Applicable) Title

Name of Company:

I hereby authorize the release of any and all information concerning me to Vara Hospice. In so doing, I hereby release the contacted individual, company, or institution and all individuals connected therewith from all liability for any damage whatsoever incurred in furnishing such information. A copy of this authorization shall be considered as valid as the original.

Applicant’s Signature Date

Name of Applicant (print) Other (Former) Name

Last four # Social Security Number

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **EXCELLENT** | **GOOD** | **FAIR** | **POOR** |
| Job Knowledge |  |  |  |  |
| Ability to communicate with co-workers |  |  |  |  |
| Ability to communicate with clients/customers |  |  |  |  |
| Ability to follow instructions |  |  |  |  |
| Honesty |  |  |  |  |
| Initiative |  |  |  |  |
| Appearance |  |  |  |  |
| Dependability |  |  |  |  |
| Punctuality |  |  |  |  |

Dates Employed: From: To: Position held:

Reason for leaving:

Eligible for re-employment: Yes

No

If not, please explain:

General Comments:

Date Reference was called: If Reference was not reached, date(s) VM was left: