

Hospice of Chattanooga

Employment Application Instructions



The following application package is formatted as a 'fillable' PDF document. This means that you can use your computer keyboard to complete the application. If you find that you cannot fill out the form that follows, you need to get the latest version of Adobe Acrobat Reader. Adobe Reader is free and can be downloaded at <http://get.adobe.com/reader/>.

Above this page, you should see a button to click that says "Highlight Fields". That is a helpful feature that will show you all of the fields to be completed on the application form that follows.

Here are some tips:

- As you type in each field of the form, the font size will automatically adjust to the size of the field.
- After you have filled each field, you can press the tab key to go to the next field.
- Please complete ALL pages and ALL fields except for those that do not apply to you.
- You will see some duplicate pages in the application package as multiple copies of reference forms are needed. Please complete every copy of the reference forms. The exception to that is if you have had less than 4 previous jobs. E.g. if you have only had 2 previous jobs, only 2 copies of the "Release for Work reference" are required. All three copies of the personal reference form are required.
- If you are unable to or do not desire to complete the application all at once, you may save the file and reopen it later to resume the process.

After you have completed the application, **YOU MUST RESAVE** it to your computer or the information entered will be lost. When you have completed and resaved the application, submit/upload your completed application at www.hospiceofchattanooga.org/employment .

Thanks you for taking the time to submit your application for employment to Hospice of Chattanooga.

HOSPICE
of Chattanooga®
Human Resource Dept.
4411 Oakwood Drive
P.O. Box 19269
Chattanooga, TN 37416

Phone (423) 892-4289
Fax (423) 892-8985
www.hospiceofchattanooga.org





INSTRUCTIONS

Hospice of Chattanooga, Inc. wants to thank you in advance for giving us the opportunity to consider you for employment.

In order for us to get started, we will need you to complete the application package. The employment experience, education, and other sections must be thoroughly completed, even if you are providing a resume. Be sure you read and sign the back of the application form.

Please provide complete addresses and telephone numbers requested on all documents. If you have certifications and/or are licensed, please provide a copy of those with your application (i.e. State License(s) and/or Certifications, current CPR Certifications, etc.).

To avoid confusion, all the work references and personal/professional reference forms get processed from our office. Please complete the top portion only of each form, sign the form, and leave them with your application when returning it to us.

Again, thank you for your interest in working at Hospice of Chattanooga, Inc.

HOSPICE
of Chattanooga®

Human Resource Dept.
4411 Oakwood Drive
P.O. Box 19269
Chattanooga, TN 37416

Phone (423) 892-4289
Fax (423) 892-8985

www.hospiceofchattanooga.org



APPLICATION FOR EMPLOYMENT

HOSPICE OF CHATTANOOGA, INC.

4411 Oakwood Drive

P.O. Box 19269

CHATTANOOGA, TN 37416

PHONE -892-2175 CONFIDENTIAL FAX-892-8985

(Directions: Exit 5-A off Highway 58, go 1 mile N on Hwy 58, turn right at 5th traffic light on Oakwood Drive, HOC on left)

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For

Date of Application

Please check how you learned of this job opportunity:

Walk-In Newspaper Ad Website Ad HOC web site HOC employee(name): _____

Other (specify): _____

Last Name

First Name

Middle Name

Address Number

Street

City

State

Zip Code

Telephone Number(s) (Home Number)

(Work Number)

(Cellular Number)

Social Security Number

_____-__-_____-__-_____-__

Enter Your Email Address

Do you have any relatives that are employed here?

Yes No

If so who? _____

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes No

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 the country because

of Visa or Immigration Status? *Proof of citizenship or immigration status will be required upon employment.*

Yes No

On what date would you be available for work?

Are you available to work:

Full Time

Part Time

Night Shift

Temporary (PRN)

Are you currently on "lay-off" status and subject to recall?

Yes No

Have you been convicted of a felony within the last 7 years?

Yes No

Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain _____

Employment Experience

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, handicap or other protected status.

Employer (most recent or current)		<u>Dates Employed</u>		Work Performed
		From	To	
Address				
Telephone Number(s)		<u>Hourly Rate/Salary</u>		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		<u>Dates Employed</u>		Work Performed
		From	To	
Address				
Telephone Number(s)		<u>Hourly Rate/Salary</u>		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		<u>Dates Employed</u>		Work Performed
		From	To	
Address				
Telephone Number(s)		<u>Hourly Rate/Salary</u>		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		<u>Dates Employed</u>		Work Performed
		From	To	
Address				
Telephone Number(s)		<u>Hourly Rate/Salary</u>		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

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

EDUCATION

	High School	Undergraduate College/University	Graduate/ Professional
School Name/Location			
Years Completed	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/ Degree/Year			
Describe Course of Study			
Describe any specialized training, apprenticeship, skills and extracurricular activities.			
Describe any honors you have received			
State any additional information you feel may be helpful to us in considering your application.			

LICENSES AND CERTIFICATES

(LIST ALL LICENSES, CERTIFICATES OR REGISTRATIONS PERTINENT TO POSITION APPLIED FOR)

TN Nursing RN LPN CNA Number _____ Expiration Date _____
 GA Nursing RN LPN CNA Number _____ Expiration Date _____
 TN Social LCSW LMSW Number _____ Expiration Date _____
 GA Social LCSW LMSW Number _____ Expiration Date _____

Other (Describe) _____

OTHER LICENSING AUTHORITY _____

<p>List professional, trade, business or civic activities and offices held. You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:</p> <p>_____</p> <p>_____</p>

PERSONAL REFERENCES

Give name, address, telephone number of three references who are not related to you and are not previous employers.

1. _____
2. _____
3. _____

Have you ever had any job-related training in the United States military? Yes No

If Yes, please describe _____

Are you physically or otherwise unable to perform the duties of the job for which you are applying? Yes No

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.
I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, Any employment relationship with this organization is of an "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

 X _____
Signature of Applicant Date

For Personnel Department Use Only

Arrange Interview Yes No
Remarks _____

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/Salary _____ Department _____

By _____
NAME AND TITLE DATE

NOTES _____

EMPLOYMENT APPLICATION

ATTACHMENT B. Authorization to Release Information and Records

I hereby authorize the following organizations, individuals, and entities to furnish ChoicePoint or its agents with any and all available information and copies of records/transcripts pertaining to me, my activities, and/or my status for the purpose of possible employment with Hospice of Chattanooga.

- Present and past employers
- Schools, colleges, universities, or other institutions of learning
- Law enforcement agencies and custodians of court records
- Custodians of state records
- Branches of military service
- Credit bureaus and financial reporting institutions
- Physicians, hospitals, medical clinics, and custodians of medical records
- Individuals who serve as references

Initial

I hereby hold harmless from liability ChoicePoint and any other person(s) or agency and their employees and agents who may provide or discuss pertinent information in conjunction with the background investigation.

A machine copy of this authorization shall be considered as effective and valid as the original.

Print Full Name (Last, First, Middle)		Social Security Number	
Other Names Used (Include Maiden Name & Year of Name Change)		Date of Birth (Optional)	
Current Address	City	State	Zip
Applicant Signature		Date	
Witness Signature		Date	

Please send response to this inquiry confidentially to:

Debbie Steele, HR Director
 Hospice of Chattanooga
 4411 Oakwood Dr.
 P.O. Box 19269
 Chattanooga, TN 37416
 Fax Number 423-892-8985



AUTHORIZATION AND RELEASE

I hereby authorize ChoicePoint, on behalf of Hospice of Chattanooga to procure a Motor Vehicle Driving Record from the State in which I retain or formerly retained a driver's license. The Motor Vehicle Driving Record will be maintained by Hospice of Chattanooga for insurance purposes, and a copy will be provided to me upon written request.

I hereby hold harmless from liability Choice Point and any other person(s) or agency and their employees and agents who may provide or discuss pertinent information in conjunction with the Motor Vehicle Driving Record.

APPLICANT NAME: _____
(Print)

DRIVER LICENSE #: _____
Number

STATE LICENSE ACQUIRED: _____
State Name

Applicant Signature Date

Witness Signature Date

HOSPICE
of Chattanooga®
Human Resource Dept.
4411 Oakwood Drive
P.O. Box 19269
Chattanooga, TN 37416

Phone (423) 892-4289
Fax (423) 892-8985

www.hospiceofchattanooga.org





BACKGROUND VERIFICATION DISCLOSURE

As part of the employment process, Hospice of Chattanooga, Inc., (“The Company”), may obtain a Consumer Report and/or an Investigative Consumer Report. The Fair Credit Reporting Act as amended by the Consumer Reporting Reform Act of 1996 requires that we advise you that for purposes of employment only, a Consumer Report may be made which may include information about your credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided, in the event the Report contains information regarding your character, general reputation, personal characteristics, or mode of living.

AUTHORIZATION AND RELEASE

During the application process and at any time during any subsequent employment, I hereby authorize ChoicePoint, on behalf of The Company to procure a Consumer Report which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This report may be compiled with information from credit bureaus, courts record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

PLEASE NOTE: A credit report will only be initiated if you are applying for a position in the Finance Department or as the Executive Director.

Applicant/Employee Name and Signature

Date

____ - ____ - ____
Social Security Number

Date of Birth*

*Optional

HOSPICE
of Chattanooga®
Human Resource Dept.
4411 Oakwood Drive
P.O. Box 19269
Chattanooga, TN 37416

Phone (423) 892-4289
Fax (423) 892-8985

www.hospiceofchattanooga.org



RELEASE FOR WORK REFERENCE

Company Name: _____
 Company Address: _____
 _____ (City) _____ (State) _____ (Zip)
 Company Phone: (_____) _____ - _____
 Company Fax: (_____) _____ - _____

Print Name: _____ has applied to Hospice of Chattanooga, Inc.
 for the position of (print job applying for): _____

Our policy is not to employ anyone without a complete reference check, therefore, we would appreciate your prompt attention to our request to provide the information below specified, and note the applicant has signed a release authorizing you to release all information regarding their employment.

I hereby release from all liability the company (or person) named above, and authorize them to release all information regarding my employment with them.

 Applicant's Signature

 Social Security #

 Date

(Applicant Stop Here)

Dates Employed: (from) _____ (to) _____
 Positions Held (job title) _____

	Above Average	Average	Below Average
Quality of Work			
Team Player/Cooperation			
Dependability/Attendance			
Followed Policies & Procedures			
Documentation (if applicable)			
Communication Skills			
Personal Traits & Habits			

Reason for Leaving: _____

Would You Rehire? _____ If Not, Why? _____

INFORMATION SUPPLIED BY: _____

Your Job Title: _____

PLEASE FAX THIS REFERENCE BACK TO: (423) 892-8985

Debbie Steele, Director of Human Resources

*If you have any questions or wish to call me personally, I can be reached at
 (423)892-4289, extension 111.*

THANK YOU FOR YOUR PROMPT ATTENTION TO THIS REQUEST.



HOSPICE
 of Chattanooga®
Human Resource Dept.
 4411 Oakwood Drive
 P.O. Box 19269
 Chattanooga, TN 37416

Phone (423) 892-4289
 Fax (423) 892-8985

www.hospiceofchattanooga.org



PERSONAL / PROFESSIONAL REFERENCE

Print Name: _____ has applied to Hospice of Chattanooga, Inc. for the position of (print job applying for): _____

Applicant has authorized Hospice of Chattanooga to inquire into their personal and professional background, and as part of the investigation they have named you as a personal / professional reference.

Name of Personal Reference: _____
Address of Personal Reference: _____
(City) _____ (State) _____ (Zip) _____
Individual's Phone: (_____) _____ - _____
Individual's Fax: (_____) _____ - _____

Our policy is not to employ anyone without a complete reference check, therefore, we would appreciate your prompt attention to our request to provide the information below specified, and note the applicant has signed a release authorizing you to release all information regarding their employment.

I hereby release from all liability the company (or person) named above, and authorize them to release all information regarding my employment with them.

Applicant's Signature

Date

(Applicant Stop Here)

1. Are you related to the applicant? Yes No
2. How long have you known the applicant? _____
3. Is your relationship: Personal Professional Both Comments (if any):

4. How would you describe the individual's ethical character? _____

5. Can you attest to their working knowledge or skills and in what setting did you observe the applicant? _____
6. What was your professional title/position at the time you observed them? _____
7. Have you ever observed or been informed of any physical and/or mental health condition, including alcohol, substance abuse and/or dependence or other problems the applicant has or had that could impair his or her ability to perform duties? Yes No Comments (if any):

8. Can you define the dependability/attendance we should expect from this individual?

9. Would you recommend them for employment based on your personal knowledge? Yes No
Comments: _____

INFORMATION SUPPLIED BY: _____

Print name

Your Signature: _____ Date: _____

=====

PLEASE FAX THIS REFERENCE BACK TO: (423) 892-8985

Debbie Steele, Director of Human Resources

If you have any questions or wish to call me personally, I can be reached at (423)892-4289, extension 111.

THANK YOU FOR YOUR PROMPT ATTENTION TO THIS REQUEST.



HOSPICE
of Chattanooga®
Human Resource Dept.
4411 Oakwood Drive
P.O. Box 19269
Chattanooga, TN 37416

Phone (423) 892-4289
Fax (423) 892-8985

www.hospiceofchattanooga.org



PERSONAL / PROFESSIONAL REFERENCE

Print Name: _____ has applied to Hospice of Chattanooga, Inc. for the position of (print job applying for): _____

Applicant has authorized Hospice of Chattanooga to inquire into their personal and professional background, and as part of the investigation they have named you as a personal / professional reference.

Name of Personal Reference: _____
Address of Personal Reference: _____
(City) _____ (State) _____ (Zip) _____
Individual's Phone: (_____) _____ - _____
Individual's Fax: (_____) _____ - _____

Our policy is not to employ anyone without a complete reference check, therefore, we would appreciate your prompt attention to our request to provide the information below specified, and note the applicant has signed a release authorizing you to release all information regarding their employment.

I hereby release from all liability the company (or person) named above, and authorize them to release all information regarding my employment with them.

Applicant's Signature

Date

(Applicant Stop Here)

1. Are you related to the applicant? Yes No
2. How long have you known the applicant? _____
3. Is your relationship: Personal Professional Both Comments (if any):

4. How would you describe the individual's ethical character? _____

5. Can you attest to their working knowledge or skills and in what setting did you observe the applicant? _____
6. What was your professional title/position at the time you observed them? _____
7. Have you ever observed or been informed of any physical and/or mental health condition, including alcohol, substance abuse and/or dependence or other problems the applicant has or had that could impair his or her ability to perform duties? Yes No Comments (if any):

8. Can you define the dependability/attendance we should expect from this individual?

9. Would you recommend them for employment based on your personal knowledge? Yes No
Comments: _____

INFORMATION SUPPLIED BY: _____

Print name

Your Signature: _____ Date: _____

=====

PLEASE FAX THIS REFERENCE BACK TO: (423) 892-8985

Debbie Steele, Director of Human Resources

If you have any questions or wish to call me personally, I can be reached at (423)892-4289, extension 111.

THANK YOU FOR YOUR PROMPT ATTENTION TO THIS REQUEST.



HOSPICE
of Chattanooga®
Human Resource Dept.
4411 Oakwood Drive
P.O. Box 19269
Chattanooga, TN 37416

Phone (423) 892-4289
Fax (423) 892-8985

www.hospiceofchattanooga.org



PERSONAL / PROFESSIONAL REFERENCE

Print Name: _____ has applied to Hospice of Chattanooga, Inc. for the position of (print job applying for): _____

Applicant has authorized Hospice of Chattanooga to inquire into their personal and professional background, and as part of the investigation they have named you as a personal / professional reference.

Name of Personal Reference: _____
Address of Personal Reference: _____
(City) _____ (State) _____ (Zip) _____
Individual's Phone: (_____) _____ - _____
Individual's Fax: (_____) _____ - _____

Our policy is not to employ anyone without a complete reference check, therefore, we would appreciate your prompt attention to our request to provide the information below specified, and note the applicant has signed a release authorizing you to release all information regarding their employment.

I hereby release from all liability the company (or person) named above, and authorize them to release all information regarding my employment with them.

Applicant's Signature

Date

(Applicant Stop Here)

1. Are you related to the applicant? Yes No
2. How long have you known the applicant? _____
3. Is your relationship: Personal Professional Both Comments (if any):

4. How would you describe the individual's ethical character? _____

5. Can you attest to their working knowledge or skills and in what setting did you observe the applicant? _____
6. What was your professional title/position at the time you observed them? _____
7. Have you ever observed or been informed of any physical and/or mental health condition, including alcohol, substance abuse and/or dependence or other problems the applicant has or had that could impair his or her ability to perform duties? Yes No Comments (if any):

8. Can you define the dependability/attendance we should expect from this individual?

9. Would you recommend them for employment based on your personal knowledge? Yes No
Comments: _____

INFORMATION SUPPLIED BY: _____

Print name

Your Signature: _____ Date: _____

=====

PLEASE FAX THIS REFERENCE BACK TO: (423) 892-8985

Debbie Steele, Director of Human Resources

If you have any questions or wish to call me personally, I can be reached at (423)892-4289, extension 111.

THANK YOU FOR YOUR PROMPT ATTENTION TO THIS REQUEST.



HOSPICE
of Chattanooga®
Human Resource Dept.
4411 Oakwood Drive
P.O. Box 19269
Chattanooga, TN 37416

Phone (423) 892-4289
Fax (423) 892-8985

www.hospiceofchattanooga.org

