



Thank you for your interest in employment with CompassionCare Hospice, LLC., a drug-free workplace dedicated to providing Quality of Life at the End of Life.

APPLICATION FOR EMPLOYMENT

CompassionCare Hospice, LLC
 4440 South Arville, Suite 12
 Las Vegas, NV 89103-3814
 Phone: 702-636-0200
 Fax: 702-636-2208

Last Name	First	M.I.
Street Address		P.O. Box #
City	State	Zip Code
Home Phone #	Alternative Phone #	
Social Security Number		

Position Desired	<input type="checkbox"/> In-home <input type="checkbox"/> Inpatient
Hours Desired	<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Flex/Per Diem <input type="checkbox"/> Other _____.
Shift Desired (select all that apply)	<input type="checkbox"/> Days <input type="checkbox"/> PMs/Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Weekends Only
Are there any days/times you are not available to work?	
Salary Desired	Date Available

REFERRAL SOURCE

<input type="checkbox"/> Agency Reputation	<input type="checkbox"/> Internet/Website	<input type="checkbox"/> Staff Member	<input type="checkbox"/> Former Staff Member
<input type="checkbox"/> Newspaper _____	<input type="checkbox"/> School _____	<input type="checkbox"/> Job Fair	<input type="checkbox"/> Self/Walk-in
<input type="checkbox"/> Employment Agency _____		<input type="checkbox"/> Other: _____	

Are you at least 18 years of age?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are you legally eligible for employment in the United States?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Have you ever applied for employment at CompassionCare Hospice, LLC?	<input type="checkbox"/> No <input type="checkbox"/> Yes - if yes, please describe
Position(s): _____	Date(s) _____
Have you ever been employed or volunteered at CompassionCare Hospice, LLC?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Role/Position: _____ Location(s): _____	Date(s) _____
Have you ever been disciplined or terminated on or from any position?	<input type="checkbox"/> No <input type="checkbox"/> Yes - if yes, please explain:
Have you ever been convicted of a job-related crime?	<input type="checkbox"/> No <input type="checkbox"/> Yes - if yes, please describe in detail including date(s) and type of conviction(s)(Conviction will not necessarily bar employment.) _____
Have you ever been convicted of Medicare Fraud?	<input type="checkbox"/> No <input type="checkbox"/> Yes - if yes, please explain:
Are your employment and/or educational records listed under any other name?	<input type="checkbox"/> No <input type="checkbox"/> Yes please indicate name(s): _____
May we contact your current employer?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Note: We will ask your permission to verify current employment before an offer of employment can be made.	

Are you currently:	Type: _____	Number: _____
<input type="checkbox"/> Registered <input type="checkbox"/> Eligible for Registry	State(s) Issued: _____	
<input type="checkbox"/> Licensed <input type="checkbox"/> Eligible for Licensure	Expiration Date: _____	
<input type="checkbox"/> Certified <input type="checkbox"/> Eligible for Certification		
Have you ever had your license restricted, suspended or revoked in any state at any time?	<input type="checkbox"/> No <input type="checkbox"/> Yes-If yes, explain below:	
Is your license currently under investigation?	<input type="checkbox"/> No <input type="checkbox"/> Yes-If yes, explain below:	

CompassionCare Hospice, LLC is committed to the principle of equal opportunity as required by law, regardless of race, color, religion, ancestry, sex, age, national origin, disability/handicap, veteran status or any other legally impermissible criterion.

EDUCATIONAL BACKGROUND

School	Name/Location	Course of Study	No. of years Completed	Did you Graduate?	Degree/Diploma or Certification
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade/Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Military Training	Branch	Course of Study	Type of Discharge		Final Rank
Other Training/Certifications					

WORK HISTORY

Current/Last Employer Name	Type of Business		Starting Date	Ending Date
City/State	Phone Number	Company Fax Number	Starting Wage	Current/Ending Wage
Position Title	<input type="checkbox"/> Part Time	<input type="checkbox"/> Full Time	Supervisor's Name/Title	
Description of Duties			Reason for Leaving:	
Employer Name	Type of Business		Starting Date	Ending Date
City/State	Phone Number	Company Fax Number	Starting Wage	Current/Ending Wage
Position Title	<input type="checkbox"/> Part Time	<input type="checkbox"/> Full Time	Supervisor's Name/Title	
Description of Duties			Reason for Leaving:	
Employer Name	Type of Business		Starting Date	Ending Date
City/State	Phone Number	Company Fax Number	Starting Wage	Current/Ending Wage
Position Title	<input type="checkbox"/> Part Time	<input type="checkbox"/> Full Time	Supervisor's Name/Title	
Description of Duties			Reason for Leaving:	
Employer Name	Type of Business		Starting Date	Ending Date
City/State	Phone Number	Company Fax Number	Starting Wage	Current/Ending Wage
Position Title	<input type="checkbox"/> Part Time	<input type="checkbox"/> Full Time	Supervisor's Name/Title	
Description of Duties			Reason for Leaving:	

IS THIS A COMPLETE LISTING OF YOUR WORK HISTORY?

YES NO

For additional information, please attach a separate piece of paper.

SKILLS CHECKLIST: Please indicate your experience in the areas listed below. This information will help determine your qualifications for employment with CompassionCare Hospice, LLC.

NURSING SKILLS:	Years/Months
Hospice Nursing	___/___
Long Term Care	___/___
Home Health Care	___/___
Ambulatory Nursing	___/___
Supervision/Charge	___/___
Telephone Triage	___/___
Emergency Room	___/___
Med/Surg Nursing	___/___
Oncology Nursing	___/___
Critical Care/ICU Nursing	___/___
Pediatric Nursing	___/___
Psychiatric Nursing	___/___
IV's	___/___
Blood Drawing	___/___
Wound Care	___/___
Catheter Placement	___/___
Other _____	
OFFICE/CLERICAL	
Adding Machine/10 key	___/___
Bookkeeping	___/___
Confidentiality	___/___
Credit/Collections	___/___
Computer	
Typing Speed: _____ w.p.m.	
Data Entry	___/___
Word Processing	___/___
Software Programs Used: _____	

Filing	
Alphabetical	___/___
Numerical	___/___

	Years/Months
Medical Insurance Billing	
Medicare	___/___
Medicaid	___/___
Medical Assistance	___/___
Third Party Payor	___/___
Private Insurance	___/___
Medical Records/Filing	___/___
Disability Insurance	___/___
Worker's Compensation	___/___
Medical Terminology	___/___
Multi-line Phone	___/___
Paging/Messaging	___/___
Payroll Processing	___/___
Proofreading	___/___
Reception	___/___
PROFESSIONAL/TECHNICAL	
Accounting	_____
Accounts Payable	_____
Accounts Receivable	_____
Cost Accounting	___/___
Budgeting	___/___
Business Writing	___/___
Computer Programming	___/___
Computer System Admin.	___/___
Computer Operations	___/___
Computer/PC Support	___/___
Fund Raising	
Grant Writing	___/___
Planned Giving	___/___
Special Events	___/___
Human Resources	___/___
Inventory	___/___
Marketing	___/___

	Years/Months
Human Resources	___/___
Inventory	___/___
Marketing	___/___
Performance Improvement	___/___
Project Development	___/___
Project Coordination	___/___
Public Relations	___/___
Public Speaking	___/___
Purchasing/Materials Mgt.	___/___
Research Methodology	___/___
Staff Education/Training	___/___
Statistics	___/___
Other: _____	
SUPERVISORY/MANAGEMENT	
Hiring/Interviewing	___/___
Performance Evaluations	___/___
Orientation/Training	___/___
Staff Scheduling	___/___
OTHER SKILLS/EXPERIENCE	
Building Maintenance	
Carpentry	___/___
Electrical	___/___
HVAC	___/___
Plumbing	___/___
Carpet Cleaning/Floor Care	___/___
Groundskeeping	___/___
Housekeeping/Janitorial	___/___
Foreign Language(s)	___/___

Sign Language	___/___
Valid WI Driver's License	___/___
Other : _____	

Should you be offered employment, do you plan on working for any other employer while employed with CompassionCare Hospice, LLC ?
 No Yes-explain: _____

Please list any other relevant skills/experiences you have had: _____

WORK/PROFESSIONAL REFERENCES

List 3 Individuals (no relatives) with whom you have worked that we may contact:

1. Name: _____	Relationship: _____
Address _____	Day Phone #: _____ Evening Phone #: _____
2. Name: _____	Relationship: _____
Address _____	Day Phone #: _____ Evening Phone #: _____
3. Name: _____	Relationship: _____
Address _____	Day Phone #: _____ Evening Phone #: _____

CONDITIONS OF APPLICATION- Please read carefully before submitting this application.

In applying for employment at CompassionCare Hospice, LLC (CCH), I understand and agree as follows:

True and Complete Information: I understand that all the information I furnish in my employment application and related documents and during any employment interviews must be true and complete. I certify that all such information is or will be true and complete and that I have included any additional information or explanation that may be appropriate. I further understand that any false statement made by me in this application or in any related document or the omission of any requested information will be cause for the rejection of my application or for my dismissal at any time during my employment, without any liability to this agency.

Investigation: I hereby authorize CCH to investigate all statements made in this application, any related documents and in any employment interviews. I further authorize CCH to obtain all information necessary to evaluate my suitability for employment. All employers, personal references and academic institutions named in this application are similarly authorized to provide such information, and I agree to sign whatever additional form may be necessary to confirm such authorization. I hereby release CCH and all such employers, references, and academic institutions from any and all liability arising from their obtaining or providing information about my employment history, academic credentials and suitability for employment as authorized in this application.

Employment at will: I understand that all employment between CCH and its employees is terminable at will, meaning that, if I am hired, my employment can be terminated at any time, with or without cause or with or without notice, at my option or at the option of CCH. I further understand that no employee or agency of CCH is authorized to offer me an employment relationship other than the one that is terminable at will.

Terms and Conditions May be Changed: I understand that, if I am hired, any terms and conditions of my employment and all personnel policies that may be issued (whether in an employee handbook or other written document) are not intended to give rise to contract rights and are subject to change by CCH at any time, with or without notice.

Drug Screen Test: If I am hired by CCH, I agree to submit to a drug screen test. I understand that any offer of employment is contingent upon successful completion of a drug screen test.

Acknowledgement: I understand that I may ask questions regarding any of the information requested in this application or in any related document, and I acknowledge that any questions I ask were answered to my satisfaction. I further acknowledge that I have read and understand the preceding Conditions of Application.

Print Name _____ **Date** _____
Signature _____

TO BE COMPLETED BY THE HUMAN RESOURCES DEPARTMENT

Position(s) considered for: _____
Interviewed? No Yes-date(s) _____

Hired for Position: _____ Date of Offer: _____ Accepted Rejected
Department: _____ Date of Hire: _____ Wage Rate: _____
Location: _____ Offered by: _____
Supervisor: _____ Print Name/Title: _____