



An Equal Opportunity Employer

333 W Cork St, # 405, Winchester VA 22601; 540-536-5210; Fax: 540-450-2774

EMPLOYMENT APPLICATION

Federal and state laws prohibit discrimination on the basis of race, color, sex, sexual orientation, disability, age, veteran status, national origin, religion, or political affiliation. The employment policies of Blue Ridge Hospice are in full compliance with all federal and state laws.

Date _____

Name _____
Last First Middle Other Last Names Used

Mailing Address _____

City _____ State _____ Zip _____

Telephone: Home () _____ Business () _____ Cell () _____

Email: _____

In case of Emergency Notify _____ Telephone () _____

Social Security Number _____ Is your current age under 18? Yes No

Have you filed an application with Blue Ridge Hospice before? Yes No
If yes, indicate position applied for and dates. _____

Have you been employed by Blue Ridge Hospice before? Yes No
If yes, indicate position and dates. _____

Referral Source: Self Newspaper (name) _____
 Employee Other _____

EMPLOYMENT DESIRED

Position for which you are applying:

Position Name _____

Minimum hourly wage/salary you would accept. _____ Date available to work. _____

Would you work: Full-time Part-time Per Diem Temporary

Specify days and hours, if other than full-time. _____

EMPLOYMENT HISTORY

Please begin with you current or most recent employment. List all previous employers.

1 Place of employment _____ Final salary _____
Address _____
Employed from _____ to _____ Supervisor's name _____ Fax () _____
mm/yy mm/yy Phone () _____
Your position _____ Describe duties _____

Reason for leaving _____

2 Place of employment _____ Final salary _____
Address _____
Employed from _____ to _____ Supervisor's name _____ Fax () _____
mm/yy mm/yy Phone () _____
Your position _____ Describe duties _____

Reason for leaving _____

3 Place of employment _____ Final salary _____
Address _____
Employed from _____ to _____ Supervisor's name _____ Fax () _____
mm/yy mm/yy Phone () _____
Your position _____ Describe duties _____

Reason for leaving _____

4 Place of employment _____ Final salary _____
Address _____
Employed from _____ to _____ Supervisor's name _____ Fax () _____
mm/yy mm/yy Phone () _____
Your position _____ Describe duties _____

Reason for leaving _____

PLEASE READ CAREFULLY BEFORE SIGNING

By my signature below, I certify that: I have read this application, that I have not withheld any requested information, and that the responses on this application are true and accurate to the best of my knowledge. I understand that any falsification or misrepresentation may be cause for rejection of this application and/or dismissal, if employed.

I hereby authorize the employers identified in this application to provide Blue Ridge Hospice with any information they may have regarding my employment, education and training, and release them from all liability for issuing such information. My current employer may may not be contacted. Indicate any employers in the Employment History section of this application we should **NOT** contact:

I understand that any offer of employment is a condition based upon verification of references and a satisfactory criminal background check and a drug-screening test.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Blue Ridge Hospice and myself for either employment or providing of any benefits. If an employment relationship is established, I understand that I have the right to terminate my employment at any time, with proper notice, and that Blue Ridge Hospice retains the right to terminate my employment at its discretion.

I understand that if employed, I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

I further understand that Blue Ridge Hospice is a smoke-free environment and I agree to abide by the no smoking policy as a condition of employment.

Signature of Applicant

Date Signed

Applications may be returned in person, mailed, or faxed to:

Blue Ridge Hospice
333 West Cork Street, # 405
Winchester, VA 22601
FAX: (540) 450-2774

BLUE RIDGE HOSPICE

Affirmative Action Survey

Blue Ridge Hospice complies with government regulations and affirmative action responsibilities. To assist with government record keeping, reporting and other legal requirement, we would appreciate the completion of this Survey.

Providing this information is voluntary and refusal to provide information will not have a negative effect on your status as an applicant.

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, creed, national origin, gender, sexual orientation, marital status, religion, status with regard to public assistance, membership or activity in a local commission, disability, age or any other status protected by law, unless such condition is an impediment to satisfactory job performance and no reasonable accommodation can be made.

Application Date (Month, DD, YYYY): _____ Position (s) applied for: _____

Referral Source: Employment Agency Referral Employee Referral Community Agency Referral Walk In
 Job Service Newspaper Advertisement College Relations Rehire Website Radio

Gender: Male Female

Race/Ethnic Group:

- Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Two or more races:** All persons who identify with more than one of the five races below.
- American Indian or Alaska Native:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- Black or African American:** A person having origins in any of the black racial groups or Africa.
- Native Hawaiian or Other Pacific Islander:** A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Indicate if any of the following are applicable:

- Special Disability Veteran:** means (A) a veteran who is entitled to compensation (or who but the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veteran's Affairs for a disability (I) rated at 30 percent more or (ii) rated at 10 to 20 percent in the case of a veteran who has been determined under Section 1506 of Title 38, U.S.C. to have a serious employment handicap or (B) a person who was discharged or released from active duty because of a service connected disability.
- Veteran of the Vietnam-era:** means a person who (A) served on active duty for a period of more than 180 days and was discharged or released there from with other than a dishonorable discharge, if any part of such active duty occurred in (I) the Republic of Vietnam between February 28, 1961, and May 7, 1975 or (ii) between August 5, 1964 and May 7, 1975, in all other cases; or (B) was discharged or released from active duty for a service – connected disability if any part of such active duty was performed (I) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (ii) between August 5, 1964 and May 7, 1975, in all other cases.
- Handicapped Individual**

EQUAL OPPORTUNITY EMPLOYER