



Mountain Valley
 Hospice & PALLIATIVE CARE
 mtvalleyhospice.org

401 Technology Lane • Suite 200
 Mount Airy, NC 27030
 p 336.789.2922
 f 336.786.4504

APPLICATION FOR EMPLOYMENT

POSITION AND DEPARTMENT APPLIED FOR		DATE
Shift Desired <input type="checkbox"/> Daytime <input type="checkbox"/> Night/Evening <input type="checkbox"/> On Call <input type="checkbox"/> Weekend only		DATE AVAILABLE
DESIRE <input type="checkbox"/> Full Time <input type="checkbox"/> Part time <input type="checkbox"/> PRN (as needed)		
LOCATION	<input type="checkbox"/> Mt Airy, NC <input type="checkbox"/> Pilot Mountain, NC <input type="checkbox"/> Stuart, VA <input type="checkbox"/> Martinsville, VA <input type="checkbox"/> Elkin, NC <input type="checkbox"/> Yadkinville, NC <input type="checkbox"/> Hillsville, VA <input type="checkbox"/> SECU Hospice Care Center • Yadkinville, NC <input type="checkbox"/> Any / All <input type="checkbox"/> Woltz Hospice Home • Dobson, NC	REFERRED BY <input type="checkbox"/> Advertisement <input type="checkbox"/> Employee <input type="checkbox"/> Relative <input type="checkbox"/> Walk-In <input type="checkbox"/> Private Employment Agency <input type="checkbox"/> Government Employee Agency Name of Source (if applicable): _____

PERSONAL INFORMATION

NAME (LAST)		(FIRST)	(MIDDLE)	SOCIAL SECURITY NUMBR
ADDRESS (STREET)		(CITY)	(STATE)	(ZIP)
HOME PHONE	WORK PHONE	OTHER (CELL, ETC.)		
DRIVER'S LICENSE NO.	STATE	E-MAIL ADDRESS		

In case of emergency, notify _____ at _____ or _____
name number number

Are you 18 or older? Yes No

Are you legally eligible for employment in this country?
 (Proof of work authorization and identity will be required upon employment.) Yes No

Have you lived in NC for the past 5 years? Yes No

Have you ever been employed by us before? Yes No

If yes, when? _____ In what capacity? _____

Have you ever been sanctioned by the Medicare or Medicaid programs? Yes No

If yes, please explain and include date of sanctioning: _____

List names of relatives in our employ and their relationship to you: _____

List any personal acquaintances in our employ: _____

Have you ever been convicted of a crime?
 (Such conviction may be relevant if job related, but does not automatically bar you from employment) Yes No

If yes, please explain: _____

Will you work overtime if required? Yes No On Call? Yes No

Are you able to meet the attendance requirements of the position? Yes No

Minimum salary required to accept a position at MVHPC: \$ _____ per Hour Year

EMPLOYMENT HISTORY

List last four (4) employers or volunteer activities, *starting with the most recent*, including military experience.

APPLICATION MUST BE COMPLETED IN FULL REGARDLESS OF RESUMÉ

EMPLOYER	DATES EMPLOYED		SUMMARY OF RESPONSIBILITIES
ADDRESS	FROM	TO	
JOB TITLE	HOURLY RATE/SALARY STARTING		
IMMEDIATE SUPERVISOR	\$ _____ per _____		
	HOURLY RATE/SALARY FINAL		
REASON FOR LEAVING	\$ _____ per _____		

May we contact for reference?

phone _____

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REASON FOR LEAVING	\$ _____ per _____		

phone _____

NOTE: If you have more employment history, attach a separate sheet or resumé.

EDUCATIONAL BACKGROUND

A. List last three (3) schools/colleges attended, **starting with most recent**. B. List number of years completed. C. Degree or diploma earned, if any. D. Grade Point Average or Class Rank. E. Major and minor field of study (if applicable).

A. NAME OF SCHOOL AND ADDRESS	B. # YEARS COMPLETED	C. Degree/Diploma	Date of Graduation	E. MAJOR/ MINOR

REFERENCES BUSINESS / PERSONAL

List name and telephone number of three business/work references who are **not** related to you and are **not** previous supervisors. List two personal references not related to you.

	NAME	DAYTIME TELEPHONE & FAX	YEARS KNOWN
BUSINESS			

	NAME	DAYTIME TELEPHONE & FAX	YEARS KNOWN
PERSONAL			

List professional, trade, business, or civic associations and any offices held.

ORGANIZATION	OFFICES HELD

MISCELLANEOUS

PROFESSIONAL LICENSE, CERTIFICATE, OR REGISTRATION:

TYPE	NUMBER	STATE	EXPDATE

SKILLS & QUALIFICATIONS: Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with MVHPC.

SPECIAL ACCOMPLISHMENTS, PUBLICATIONS, AWARDS:

MILITARY SERVICE	BRANCH	FIELD	TYPE OF DISCHARGE

CONDITIONS OF EMPLOYMENT

*** * READ CAREFULLY BEFORE SIGNING * ***

I certify that all information furnished on this application form is accurate and complete to the best of my knowledge and belief. I understand that any misrepresentation or omission of fact, as stated and/or implied, on this application form or any other employment form is sufficient reason not to hire me or may be reason for dismissal.

I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability for any damage which may result from furnishing such information to Mountain Valley Hospice & Palliative Care. I authorize Mountain Valley Hospice & Palliative Care to request, receive and verify all information given in this application. Additionally, I hereby authorize any educational institution which I have attended to release transcript data upon receipt of a signed copy of this document. Should my services terminate after accepting employment, it is understood that Mountain Valley Hospice & Palliative Care may supply, in confidence, to any prospective employer, my record with no liability attaching to Mountain Valley Hospice & Palliative Care or any of its staff.

All applicants are required to successfully complete interviews, reference checks, health screen and drug screen before beginning work. Successful completion of the aforementioned requirements is no guarantee of employment or job availability. I further consent to taking a drug test, either prior to commencement of employment or after I have become employed as deemed necessary by the employer.

I understand that the processing of my employment application requires the expenditure of time and resources by Mountain Valley Hospice & Palliative Care. I also understand that Mountain Valley Hospice & Palliative Care would not process this application if I had no genuine interest in employment with Mountain Valley Hospice & Palliative Care at the time this application is submitted. Therefore, I hereby represent and certify that I am genuinely and sincerely interested in employment with Mountain Valley Hospice & Palliative Care and that my application is submitted in good faith and without false pretenses.

I understand that if I am employed, my employment will not be for a definite duration and can be terminated at any time by either myself or my employer. I further understand that none of Mountain Valley Hospice & Palliative Care's personnel policies should be construed as a contract or as a guarantee of continued employment. No representative of Mountain Valley Hospice & Palliative Care, other than the Executive Director or her designee, has authority to enter into or approve any agreement for employment for any specified period of time or to approve any agreement contrary to the foregoing.

Mountain Valley Hospice & Palliative Care retains the right to exercise customary managerial functions including the rights to:

- dismiss, assign, supervise and discipline;
- determine and change starting/quitting times, shifts, and schedules;
- transfer employees within departments or into other departments or classifications;
- determine and change the size of and qualifications for the workforce;
- establish, change, and abolish its policies, practices, rules, and regulations;
- determine and change methods by which its operations are to be carried out; and
- assign duties to employees in accordance with the agency's needs and requirements to carry out all ordinary administrative functions.

As an EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER, Mountain Valley Hospice & Palliative Care pledges full compliance with all applicable laws which prohibit discrimination on the basis of age, race, color, religion, national origin, sex, disability, or any other basis prohibited by applicable law. No question on this application is intended to secure information to be used for such discrimination.

SIGNATURE

DATE

*NOTE: This application will remain on file for a period of 90 days. If you wish to be considered for employment after this period, it will be necessary for you to reapply. Successful job applicants **only** will be officially notified by a representative of the Human Resources Department.*