

## Thank you for your interest in a career with Hospice of Havasu!

*Please read the following information to learn more about us and our interview process. If you have any further questions, please contact the Human Resources department. We will be happy to help you.*

### **Submitting An Application:**

To apply for a position with Hospice of Havasu, an Application for Employment must be completed. Resumes may be submitted but will not be considered in lieu of a completed application. All questions must be answered completely. You may be disqualified for any false statement or for omitting information.

### **Screening/Interview Process:**

There are several steps in the Hospice of Havasu hiring process. Please be patient. All applications are tentatively accepted and subject to a review of education and employment history. The screening and interview process could include a telephone screening, a personal interview, and a group interview with other team members. You will be notified via telephone or US mail regarding whether or not you were selected.

### **Testing of Applicants:**

Certain positions may require testing. Testing may include, but is not limited to: computer based skills testing, written examination, as well as role-play scenarios.

### **Job Description**

A copy of the job description that you are applying for is provided for you at the interview stage.

### **Reasonable Accommodation**

Hospice of Havasu will provide reasonable accommodations for qualified individuals with disabilities who are applicants for employment. If you need assistance or accommodation to interview because of a disability, please contact the Human Resources department. Employment opportunities will not be denied because of the need to make reasonable accommodations for an individual's disability.

### **Conditions of Employment**

If you are selected for a position at Hospice of Havasu you will be officially extended an offer of employment by a member of the Human Resources Department. If employment is offered, you will receive a letter of confirmation and a memo listing the items to be provided to the Human Resources Department. All new employees must complete the entire orientation program for the agency as well as their particular discipline. All prospective employees will be required to:

- Successfully pass pre-employment drug testing
- Provide a satisfactory 5 year driving history.
- Provide documents establishing identity and employment eligibility
- Copy of your degree/diploma/license/certification appropriate to the discipline
- Verification of current auto insurance
- Verification of residency
- Valid AZ Driver's License

### **On the Web**

Please visit our website, [www.hospicehavasu.org](http://www.hospicehavasu.org) for more information about our agency.

***HOSPICE OF HAVASU** is proud to support a Drug-Free Workplace. **HOSPICE OF HAVASU** is an Equal Opportunity Employer. Prospective employees will receive consideration without discrimination based on race, color, religion, age, gender, disability, marital or veteran status, national origin and other categories protected by federal, state or local law.*

*Notice of Nondiscrimination: Pursuant to Title IV of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, Hospice of Havasu does not discriminate in the provision of services on the basis of race, color, national origin, disability or age. For further information or to file a complaint, contact the HOH Compliance Coordinator at (928) 453-2111 or toll-free (888) 468-2111.*

Please keep this page for your future reference



# *Hospice of Havasu Employment Application*

365 South Lake Havasu Avenue, P.O. Box 597, Lake Havasu City, Arizona 86405-0597  
 Phone: (928)453-2111 Toll-Free: (888)468-2111 Fax: (928)453-3003 TTD: (928)453-3239

***Please print all information in ink.***

Position Applying for:	Today's Date:	Availability: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary <input type="checkbox"/> On-Call <input type="checkbox"/> Weekends <input type="checkbox"/> Holidays <input type="checkbox"/> Overtime	
Full Legal Name:		Daytime Telephone: (     )	
Mailing Address:		Message Telephone: (     )	
City:	State:	Zip:	
Please provide your valid Arizona driver's license number:			
Are you able to travel if needed for the position applied for? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you in the last 10 years been convicted of a felony (excluding any sealed or expunged convictions)? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, please request extra sheet to explain.</i>			
Have you ever been known by another name that we need to know to verify information? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what was the name?			
Briefly state why you would like to work for Hospice of Havasu:			
<b>Education:</b>			
	<b>School Name, City, State:</b>	<b>Course of Study</b>	<b>Degree/Certificate</b>
High School / G.E.D.			
Community College			
College / University			
Business / Trade School			
Seminars / Other			
Professional Licensure:	Type:	Number:	Expires:
Fluency in language(s) other than English (specify): <span style="float: right;"><input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/> Speak</span>			
Please list any other <i>relevant</i> experience, training, qualifications, skills or background (including dates) that you possess:			

**Experience: DO NOT WRITE "See Resume" - Please provide your complete employment record and/or any related volunteer or unpaid experience for the past 10 years. Please attach additional pages if necessary.**

<input type="checkbox"/> Current or <input type="checkbox"/> Most Recent Employer's <b>Business Name:</b>	Name of Supervisor:
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Address: Street, City, State, Zip code	Telephone:	Fax:
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Position Held:	Main Duties/Responsibilities:
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Start Date:	Starting Rate of Pay:	Ending Date:	Ending Rate of Pay:
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Yes, you may contact  Please do NOT contact because:

State your reason for leaving - or if currently employed, your reason for change:

Previous Employer:	Name of Supervisor:
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Address: Street, City, State, Zip code	Telephone:	Fax:
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Position Held:	Main Duties/Responsibilities:
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Start Date:	Starting Rate of Pay:	Ending Date:	Ending Rate of Pay:
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Reason for Leaving:

Previous Employer:	Name of Supervisor:
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Address: Street, City, State, Zip code	Telephone:	Fax:
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Position Held:	Main Duties/Responsibilities:
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Start Date:	Starting Rate of Pay:	Ending Date:	Ending Rate of Pay:
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Reason for Leaving:

Previous Employer:	Name of Supervisor:
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Address: Street, City, State, Zip code	Telephone:	Fax:
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Position Held:	Main Duties/Responsibilities:
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Start Date:	Starting Rate of Pay:	Ending Date:	Ending Rate of Pay:
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Reason for Leaving:

Please explain any gaps in your employment history here:

Please provide information for three (3) professional references who can comment on your knowledge, skills & abilities. Please do NOT include friends and/or family members. Also provide three (3) personal references who can comment on your personal character. Please do NOT include family members.

<i>Professional Reference Name</i>	<b>Occupation</b>	<b>Relationship</b>	<b>Telephone</b>
<i>Personal Reference Name</i>	<b>Known How Long</b>	<b>Relationship</b>	<b>Telephone</b>

Please tell us: Where did you first learn of this position?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> America’s Job Bank            | <input type="checkbox"/> Hospice of Havasu Employee: Name: | <input type="checkbox"/> Human Resources Department         |
| <input type="checkbox"/> Career or Job Fair            | <input type="checkbox"/> Walk – In                         | <input type="checkbox"/> Department of Economic Security    |
| <input type="checkbox"/> Chamber of Commerce Job Bank  | <input type="checkbox"/> Word of Mouth                     | <input type="checkbox"/> Parker Pioneer Help Wanted Ad      |
| <input type="checkbox"/> NationJob (www.nationjob.com) | <input type="checkbox"/> Hospice Choices (NHPCO)           | <input type="checkbox"/> Today’s News-Herald Help Wanted Ad |
| <input type="checkbox"/> Hospice of Havasu Website     |  | <input type="checkbox"/> Other: Specify:                    |

**Please read and initial each paragraph below** (please ask if there is any part of this page you do not understand):

\_\_\_\_\_ I understand that all application and resume data are subject to verification. I hereby authorize Hospice of Havasu to conduct a background check to thoroughly investigate my references, work records, education and other matters related to my suitability for employment. If this check is completed after I am hired and the results would have disqualified me for employment, I understand I may be terminated after such information becomes known. I further authorize my current and former employer to disclose to the company any and all letters, reports and other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release Hospice of Havasu, my current and former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ I understand that Hospice of Havasu is an At-Will Employer. I understand that nothing contained in the application or conveyed to me during any interview, which may be granted, is intended to create an employment contract, implied or explicit, between me and Hospice of Havasu. In addition, I understand and agree that if I am employed, my employment relationship is for no definite period and may be terminated at any time, with or without prior notice, with or without cause or reason, at the option of either myself or Hospice of Havasu, and that no promises or representations contrary to the foregoing are binding on Hospice of Havasu unless made in writing and signed jointly by the Executive Director and myself.

\_\_\_\_\_ I understand that if offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States on my first day of employment.

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and complete to the best of my knowledge. **I further certify that I, the undersigned applicant, have personally completed this application.** I understand that any omission or misstatement on this application or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

***My signature below certifies that the answers given herein are true and complete. Also, I have read and understand the above paragraphs, and agree to the terms and conditions outlined in this application.***

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Hospice of Havasu, Inc.**  
**Equal Employment Opportunity Reporting Form**  
**\* C O N F I D E N T I A L \***

**To all applicants:** *This information is being requested in accordance with Federal regulations to assure non-discriminatory practices in our hiring process. Your participation is **optional**. All information provided will be kept separate from your employment application. No action will be taken for refusal to complete this form.*

PLEASE PRINT!

Applicant Name: \_\_\_\_\_

Position for which you are applying: \_\_\_\_\_

- |  |      |                                      |                                |
|--|------|--------------------------------------|--------------------------------|
| <input type="checkbox"/> Male                    | Age: | <input type="checkbox"/> Under 25    | <input type="checkbox"/> 25-29 |
| <input type="checkbox"/> Female                  |      | <input type="checkbox"/> 30-34       | <input type="checkbox"/> 35-39 |
| <input type="checkbox"/> Vietnam Era Veteran     |      | <input type="checkbox"/> 40-44       | <input type="checkbox"/> 45-54 |
| <input type="checkbox"/> Disabled Veteran _____% |      | <input type="checkbox"/> 55 and over |                                |

*The following descriptions of ethnic categories are used by the Equal Employment Opportunity Commission (EEOC). Please check only ONE ethnic group with which you most closely identify:*

- American Indian or Alaska Native** (Not Hispanic or Latino): *A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.*
- Asian** (Not Hispanic or Latino) *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** (Not Hispanic or Latino) - *A person having origins in any of the black racial groups of Africa.*
- Native Hawaiian or Other Pacific Islander** (Not Hispanic or Latino): *A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.*
- White** (Not Hispanic or Latino) - *A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.*
- Hispanic or Latino** - *A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.*

Hospice of Havasu is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, gender, age, national origin, disability, veteran status, sexual orientation or any other classification protected by Federal and State laws.

*To the best of my knowledge, the information I have provided on this form is true and correct.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If you have questions or concerns regarding this form, please contact:*

**Hospice of Havasu Human Resources Department**  
**P.O. Box 597, Lake Havasu City, Arizona 86405**  
**(928) 453-2111 ext. 237 or 224**