



HOSPICE OF NORTHERN COLORADO

Employment Application

An Equal Opportunity Employer

Name _____

Date _____

TRU Hospice of Northern Colorado is a Colorado-licensed, Medicare and Medicaid-certified, nonprofit healthcare organization serving Weld County and beyond. Providing our communities hospice services and grief support, TRU Hospice of Northern Colorado encompasses a continuum of care for those with advanced illness. We are proud to be the provider of choice in these market areas and we are proud of the services we offer.

All applicants will receive consideration without discrimination because of age, race, color, religion, sex, sexual orientation, gender identity, national origin, age, disability, genetic information, military status, and any other status protected under state or federal law. It is our intention that all qualified applicants are given equal opportunity and that selection decisions be based on job-related factors.

We appreciate your interest in TRU Hospice of Northern Colorado and assure you that we are sincerely interested in you. A clear concise understanding of your background and work history will aid us in considering you for the position that best meets your qualifications and our needs.

Please print and make sure your answers are legible and that the application has been completed in full. If you are under age 18, a work permit is required for employment.

This Application will be considered active for a period of one (1) year. If you want to be considered for employment beyond one (1) year from the day of this Application, you must complete a new updated application. In addition, due to the passage of time, any response in this Application that is no longer accurate, you must provide updated accurate information to the Agency.

Personal Data

Name (Last, First, Middle)

Today's Date

Address (Number, Street, Apt. No.)

City, State, Zip Code

(____) _____
Cell Phone Number

(____) _____
Home Phone Number

Email address: _____

Have you ever been employed with TRU Hospice of Northern Colorado? Yes ____ No ____ If yes, list dates of employment, position held, and names used:

If hired, would you be able to perform all functions and all necessary job assignments of the particular job for which you are applying, with or without reasonable accommodations? Yes ____ No ____ If No, please explain:

Have you had any traffic/moving violations in the last 7 years? Yes ____ No ____

Have you ever been convicted of a crime (felony and/or misdemeanor), been excluded from participation in federal health care programs or convicted of an offense by court martial while in military service? Yes ____ No ____
If you answered yes, please list the following information: Charge/Offense, Date, Arresting Agency, Location and Court Disposition.

Please note that a prior conviction is not an automatic bar to employment. Each case will be considered on its own merits and we will consider the date of the conviction, type of conviction, and any other relevant facts you wish to bring to our attention.

Job Interest

Position(s) Desired _____
First Choice *Second Choice* *Third Choice*

Date available _____ **Status Desired** *Full-time* ___ *Part-Time* ___ *Temporary* ___ *PRN* ___
Weekends _____ Shifts willing to work (indicate preference by 1,2,3) *Day* ___ *Evening* ___ *Night* ___

Salary Requirement (if any) \$ _____

If hired, you will be required to furnish proof of your eligibility to work in the United States.

Relative(s) Employed at TRU Hospice of Northern Colorado

Name

Relationship

If you were referred to TRU Hospice of Northern Colorado by one of our employees please list the employee's name and relationship to you: _____

Employee's Name

Relationship

Education

School	School Name, City & State	Course of Study	Years Attended (Date From/Date To)	Degree Achieved
High School or GED				
College or University				
Other (Military Service, Post-Grad, Nursing)				

List all present and past employers: **Include all employment, military service, and volunteer service. Please explain all periods of unemployment in excess of one month.** If necessary, please complete this section on additional pages.
PLEASE ATTACH A COPY OF YOUR RESUME IF YOU HAVE ONE.

Employment History

Employer's Name Phone Number

Address Dates Employed (MM/YY)

Job Title Supervisor's Name Salary (beginning & ending per hour)

Nature of Duties:

Reason for leaving: Resigned Laid Off Terminated Other: _____

Employer's Name Phone Number

Address Dates Employed (MM/YY)

Job Title Supervisor's Name Salary (beginning & ending per hour)

Nature of Duties:

Reason for leaving: Resigned Laid Off Terminated Other: _____

Employer's Name

Phone Number

Address

Dates Employed (MM/YY)

Job Title

Supervisor's Name

Salary (beginning & ending per hour)

Nature of Duties:

Reason for leaving: Resigned Laid Off Terminated Other: _____

Employer's Name

Phone Number

Address

Dates Employed (MM/YY)

Job Title

Supervisor's Name

Salary (beginning & ending per hour)

Nature of Duties:

Reason for leaving: Resigned Laid Off Terminated Other: _____

Are you currently eligible for:	<input type="checkbox"/> Registered	<input type="checkbox"/> License	<input type="checkbox"/> Certified	
	<input type="checkbox"/> Registration	<input type="checkbox"/> Licensure	<input type="checkbox"/> Certification	
If licensed, registered or certified:		What year did you receive license/registration/certification?		
Type:	No.	State Issued:	Date Issued:	Expiration:

References

References: TRU Hospice of Northern Colorado requires the completion of four (4) professional references including at least one former supervisor as a part of our hiring process. References are submitted electronically through our online reference checking process administered by the Human Resources Department. I understand the importance of reference checks into my work background. Therefore, I give permission to, and agree to hold harmless, to release verbal and/or written information regarding my work performance to TRU Hospice of Northern Colorado to the companies and/or individuals that I submit.

I certify that answers given herein are true and complete to the best of my knowledge. I fully understand that if employed, any falsification, misrepresentation or omission on this Application, my resume, or any updated Application form or any other document submitted by me to TRU Hospice of Northern Colorado will result in dismissal, regardless of the date of discovery. I understand that if employed I will be expected to conform to the rules and regulations of the Agency, all of which may be amended by the Agency without notice at any time. I further understand that neither this Application nor any statement made to me during the hiring process or thereafter shall be considered a contract of employment of any kind. Where such a contract is intended, I understand that it shall be in writing and signed by the President & Chief Executive Officer of the Agency. I also understand that, if hired, my employment shall not be for any specified or definite period of time and that it shall be terminable-at-will at the option of either the Agency or myself, with or without cause or prior notice. I also understand that neither this Application nor any statement or other document provided to me by the Agency is intended to be or create an offer, statement, or confirmation of any guaranteed terms or conditions of employment.

I agree to submit to any lawful drug, alcohol, or other testing that may be required as a condition of employment or continued employment and understand that refusal to promptly submit and cooperate with such testing prior to or during the course of my employment will result in disqualification from consideration for employment or, if hired, termination.

I hereby authorize persons, schools, my current employer (if applicable) and previous employers and organizations named in this application (and accompanying resume, if any) to provide the Agency with any information requested by it, and I release all such persons from any liability regarding any provision or use of such information.

Print Name: _____ Date: _____

Signature: _____