

**FIRST CALL HOSPICE
EMPLOYMENT APPLICATION**

**6929 Sunrise Blvd. Suite 180 Sacramento Ca. 95610
916-725-2580 Fax 916-725-2511**

PERSONAL INFORMATION

NAME (PRINT; first / last) _____

Address _____

Best Contact Number _____ Mobile Land Line

For What Position are you applying? _____

INDICATE PREVIOUS EXPERIENCE

CLINICAL Hospice ____yrs. Home Care ____yrs. Medical/Surgical ____yrs.
 Oncology ____yrs. Skilled Nursing Facility ____yrs

OFFICE Quick Books Crystal Reports
 Power Point Word Other _____

COMPUTER Have you worked with other EMR's?
List: _____

Are you employed now? Yes No
If yes, is your current employer aware of your desire to seek additional employment? Yes No

If you are selected for this position what date would you be available to start _____

Do you speak any foreign languages? Yes No If yes please list: _____

Will you require time off during the first year of your employment? Yes No If yes please explain: _____

Employment Goal Full Time Part Time Either Other _____

Please indicate below the days and times you are NOT available to work

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time							

Do You have a California Drivers License? Yes No

Have you ever been convicted of a felony? Yes No

A conviction may be relevant if job related, but may not necessarily eliminate you from being considered for this employment. If yes please explain: _____

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EDUCATION

Did you graduate from high school? Yes No

College	School Attended and Location	Year Graduated	Currently Attending	Degree
College	School Attended and Location	Year Graduated	Currently Attending	Degree
Trade or Business School	School Attended and Location	Year Graduated	Currently Attending	Certificate
Trade or Business School	School Attended and Location	Year Graduated	Currently Attending	
Graduate School	School Attended and Location	Year Graduated	Currently Attending	Degree

LICENSES and CERTIFICATIONS

		License / Certificate No.	Expiration Date
NP	Nurse Practitioner	#	
RN	Registered Nurse	#	
LCSW	Licensed Clinical Social Worker	#	
CNA	California Nurse Assistant	#	
HHA	Home Health Aide	#	
Other			

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WORK EXPERIENCE				
Employer Name and Address	Date/Month /Year From	Date/Month /Year To	Job Title	Reason for Leaving

PURSUANT TO TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, 42 U.S.C. Section 2000d, and implementing regulations, 45 C.F.R. Part 80; Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. Section 794, and implementing regulations, 45 C.F.R. Part 84; and the Age Discrimination Act of 1975, 42 U.S.C. Sections 6101 et seq., and implementing regulations, 45 C.F.R. Part 91, First Call Hospice adheres to an equal opportunity policy for all persons seeking admission and treatment as clients. The facility does not discriminate because of race, color, national origin, disability, or age. With regard to employment, the facility does not discriminate on the basis of disability; in addition, there is no discrimination on the bases of race, color, and national origin where such discrimination would have a discriminatory effect on beneficiaries.

I understand that any false answers, omissions, or statements made in this application or in connection with any background investigation will be sufficient grounds for rejection of this application, or, if discovered after an offer of employment, for immediate dismissal.

FIRST CALL HOSPICE REGULATORY REQUIREMENTS

CRIMINAL BACKGROUND CHECKS

First Call Hospice obtains a criminal background check as required by State Laws and regulations.

1. Criminal background checks are required for all employees (including volunteers) and contracted staff who provide direct patient care or who have access to patient records.
2. Applicants for positions at [HOSPICE] are required to:
 - a. Complete and sign a consent form to allow the hospice to request a criminal records review from all States in which the individual has lived or worked for the three years prior to application for employment;
 - b. Disclose any criminal history including, but not limited to:
 - i. any conviction or a plea of guilty to a misdemeanor or felony charge;
 - ii. any suspended imposition of sentence;
 - iii. any suspended execution of sentence or any period of suspension or parole;
 - c. Disclose if he or she is listed on the employee disqualification list.
3. Offers of employment contain a written statement that employment is conditional upon acceptable results from the criminal background check.
4. does not hire individuals for direct patient care or who have access to patient records who have a criminal history, or who have been excluded from participating in programs that receive federal funding

I consent to a criminal background check by First Call Hospice. I am aware that employment is conditional upon acceptable results from the criminal background check.

Signature of Applicant _____ Date _____

DRUG TESTING

Applicants will be tested for their use of commonly-abused controlled substances, including, but not limited to: Amphetamines, Barbiturates, Benzodiazepines, Opiates, Cannabinoids, Cocaine, Methadone, Methaqualone, Phencyclidine (PCP), Propoxyphene, and chemical derivatives of these substances

Candidates must advise the testing lab of all prescription drugs taken in the past month before the test, and to be prepared to show proof of such prescription to testing lab personnel.

I consent to a drug testing by First Call Hospice. I am aware that employment is conditional upon acceptable results from the drug test.

Signature of Applicant _____ Date _____

PHSICAL EXAM

All persons with direct patient contact employed or contracted by the agency shall have a health examination by a person lawfully authorized to perform such a procedure six months prior to the date of hire or within 14 days of the date of hire. Each such examination shall include a medical history, physical examination, laboratory work as indicated and a written report. The report shall indicate that the employee is physically and medically qualified to perform the duties to be assigned, and that the applicant has no health condition that would create a hazard to patients. All such reports shall be signed by the person performing the examination

ANNUAL TUBERCULOSIS TESTING

Tuberculosis screening which shall be administered to all new employees who have direct patient contact and annually thereafter using the % TU (Tuberculin Units) Protein Purified Derivative (PPD) tuberculin skin tests.

DRESS CODE

Employees are to be dressed appropriately for the weather and work setting. Shoes with heels secured are the minimum for office and field staff. Casual Blue Jeans, or Blue Denim Jackets, halter tops and / or spaghetti straps are not appropriate for the office or field.

Office Staff: Business office attire is business semiprofessional; For women full length slacks, blouses, skirts and sweaters with or without a jacket. For men slacks, shirts, sweaters with or without a jacket. Ties are not required

Field Staff: Street clothes or scrubs are acceptable. Camp shorts with shoes with secured heels are acceptable in the summer.

ORIENTATION

1. First Call Hospice provides an orientation program intended to ensure that all newly hired individuals have the training and competency necessary to perform their jobs effectively.
2. All newly hired individual participates in an orientation program prior to providing patient care or assuming administrative responsibilities.
3. You will need to be able to participate in the orientation program for a period of 3 to 15 days. The length of time will be dependent upon the position for which you were hired. Time off must be pre-arranged prior to beginning the orientation.

Signature of Applicant _____ Date _____ Page 4 of 4

♥ Thank you for completing this application. If you already have an interview scheduled bring it with you. If not you may return by mail or faxing.