

Seasons Hospice - Rochester, MN Application for Employment - PDF Version

Seasons Hospice considers applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, creed, disability, status with regard to public assistance, sexual orientation, or any other legally protected status. Seasons Hospice is an Equal Opportunity Employer. Seasons Hospice maintains applications for six months. However, if you have changes in your employment history, address, or phone number, you will need to complete a new application.

(*Indicates Mandatory Fields)

Contact Information

Name *

First

Last

Address *

Street Address

City

State

Zip Code

Phone number *

Alternate phone number

**Please note that you are applying for
a position based in Rochester, MN!**

Please provide at least one phone number.

Email address *

General

Primary position applying for *

Secondary position applying for

Recruiting source *

Seasons Hospice Website

Newspaper (please specify below)

Referral: Employment Agency

Former Employee Referral (please specify
below) MN Work Force Center

Job Fair

Hospice MN Website

Professional Association Website

Walk-In

Other (please specify below)

Please specify if requested above

Enter the name of the employee who referred you, the newspaper name, or the source if you entered "other".

Have you filed an application with Seasons Hospice before?

If yes, when?

Yes

No

Schedule

Date available to start *

Preferred number of hours per week *

Desired shift. Please check all that apply*

Full time (30 - 40 hours per week)

Part time (less than 30 hours per week)

As needed (no regularly scheduled hours)

Day

Evening

Night

Weekends

Please specify any days or hours NOT available to work

Questions / Other Employment Related Statements

The agency does not illegally discriminate on account of an applicant's age. If you are under 18, you may be required to prove your age for some jobs where state laws or regulations impose restrictions.

Are you 18 years of age or older? *

Yes

No

Do you have reliable transportation for the job? *

Yes

No

Have you ever been discharged from employment? *

Yes

No

If yes, please explain

May we contact your current employer for references? *

Yes

No

May we contact your previous employers for references? *

Yes

No

If no, please explain

List any Seasons Hospice staff members that you know.

List other qualifications / special skills you have related to this position. (Example: CPR certification)

List any professional organizations that you belong to that are related to the position you are applying for on this application.

List any volunteer experience

Is any additional information relative to change of name, use of assumed name or nickname necessary to enable us to check your work record?

Yes

No

If yes, please explain

Employment History

Please account for ALL employment for the past 10 years starting with the most current. Please list all details of employment in the space below, even if you opt to upload a resume as part of your application.

Name of current employer *

Address *

Street Address

City

State

Zip Code

Position *

Employment start date *

Currently employed? *

Employment end date

Yes

No

Supervisor name *

Supervisor title *

First

Last

Supervisor phone *

Supervisor email

Salary per

Salary:

Hours per week:

Hour

Month

Annual

Describe work duties and responsibilities *

Reason for leaving *

Name of employer

Address

Street Address

City

State

Zip Code

Position

Employment start date

Currently employed?

Yes

No

Employment end date

Supervisor name

Supervisor title

First

Last

Supervisor phone

Supervisor email

Salary per

Salary

Hours per week

Hour

Month

Annual

Describe work duties and responsibilities

Reason for leaving

Name of employer

Address

Street Address

City

State

Zip Code

Position

Employment start date

Employment end date

Supervisor name

Supervisor title

First

Last

Supervisor phone

Supervisor email

Salary per

Salary

Hours per week

Hour

Month

Annual

Describe work duties and responsibilities

Reason for leaving

Name of Employer

Address

Street Address

City

State

Zip Code

Position

Employment Start Date

Employment End Date

Supervisor Name

Supervisor Title

First

Last

Supervisor Phone

Supervisor Email

Salary Per

Salary

Hours per week

Hour

Month

Annual

Describe work duties and responsibilities

Reason for Leaving

Name of employer

Address

Street Address

Address Line 2

City

State

Zip Code

Position

Employment start date

Employment end date

Supervisor Name

Supervisor Title

First

Last

Supervisor Phone

Supervisor email

Salary per

Salary

Hours per week

Hour

Month

Annual

Type work duties and responsibilities

Reason for Leaving

Are there gaps in your work history?

Yes

No

Explain all gaps in your work history

Education and Training

Institution name *

Years attended *

Major

Diploma type

Did you graduate? *

If no, explain

High School

Yes

High School Equivalent
diploma

No

General Education diploma

Certificate of completion

Continuing Education in
progress

Associate degree

Bachelor's degree

Masters degree

Doctorate degree

Not applicable

Institution name

Years attended

Major

Diploma type	Did You graduate?	If no, explain
High School	Yes	
High School Equivalent diploma	No	
General Education diploma		
Certificate of completion		
Continuing Education in progress		
Associate degree		
Bachelor's degree		
Masters degree		
Doctorate degree		
Not applicable		

Institution name	Years attended	Major
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Diploma type	Did you graduate?	If no, explain
High School	Yes	
High School Equivalent diploma	No	
General Education diploma		
Certificate of completion		
Continuing Education in progress		
Associate degree		
Bachelor's degree		
Masters degree		
Doctorate degree		
Not applicable		

Institution Name	Years Attended	Major
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Diploma type	Did You Graduate?	If no, explain
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High School	Yes	
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High School Equivalent diploma	No	
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General Education diploma		
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Certificate of completion		
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Continuing Education in progress		
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Associate degree		
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Bachelor's degree		
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Masters degree		
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Doctorate degree		
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Not applicable		
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Professional Licenses / Certifications

Please list all licenses or certifications that apply. The Expiration Date may be left blank for licenses or certifications which do not expire.

Type	Number
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State (U.S. Only)	Country	Expiration Date
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Comments

Type	Number
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State (U.S. Only)

Country

Expiration Date

Comments

Type

Number

State (U.S. Only)

Country

Expiration Date

Comments

Type

Number

State (U.S. Only)

Country

Expiration Date

Comments

Type

Number

State (U.S. Only)

Country

Expiration Date

Comments

Professional References

Note: Professional references will not be contacted without prior notice. References may include current/former employers, volunteer contacts, professors, teachers, counselors, etc. Please do not list relatives or personal friends.

Name *

Title *

Company Name *

First

Last

Phone *

Email

(###)###-####

Association with Individual *

Years Known *

Name *

Title *

Company Name *

First

Last

Phone *

Email

Association with Individual *

Years Known *

Name *

Title *

Company Name *

First

Last

Phone *

Email

(###)###-####

Association with Individual *

Years Known *

Name *

Title *

Company Name *

First

Last

Phone *

Email

(###)###-####

Association with Individual *

Years Known *

Please list any other information about your background and/or experience that you feel would be beneficial to the position you are applying for:

Applicant Statement

Please read the following information carefully. By checking the "I accept this statement" box below, you are agreeing to the following:

1. I understand that the receipt of this application does not imply I will be employed nor does it indicate that there are positions available.
2. I understand that unless acted upon, this application will become inactive after 180 days. After that time, I will have to reapply to receive further consideration.
3. I hereby grant permission to investigate any of the information included in this application, agree to cooperate in such investigation and release from all liability or responsibility all persons, organizations, companies and corporations collecting and supplying such information together with any other information they may have regarding me whether or not it is in their records.
4. In making this application for employment, I understand that an investigation may be made whereby information is obtained through interviews with my references, including but not limited to former co-workers, supervisors, business associates, etc. or others with whom I am acquainted. This inquiry includes information as to my criminal record, reputation, professional credentials, and work ethics. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.
5. I understand that if I am hired, my employment will be at-will and may be terminated with or without cause and with or without notice at any time. I also understand that no employee of Seasons Hospice other than the Executive Director has authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.
6. I understand that, if at any time, monies are due and owing to the agency, I will be asked to reimburse Seasons Hospice.
7. I understand that if I am employed, I will be required to complete an Employment Verification Form (I-9), and within three days show satisfactory evidence of identity and eligibility for employment.
8. I certify the information included in this application is true and correct, and without consequential omissions of any kind.

Signature *

Date *