

# SEASONS HOSPICE

— Est 2004 —

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## EMPLOYMENT APPLICATION

WE OFFER EQUAL EMPLOYMENT OPPORTUNITIES TO ALL PERSONS AND DO NOT DISCRIMINATE BASED ON RACE, COLOR, RELIGION, AGE, MARITAL STATUS, SEX, NATIONAL ORIGIN, DISABILITY, OR ANY OTHER LEGALLY PROTECTED STATUS.

**The Winters Group, LLC**  
**6532 E. 71<sup>st</sup> St., Ste 100**  
**Tulsa, OK 74133**  
**(918) 492-6440**

**Seasons Hospice, INC**  
**1831 W. Melville Road**  
**SPRINGFIELD, MO 65803**  
**PHONE: 417-890-5533 FAX: 417-890-5560**

## PERSONAL DATA

NAME: LAST	FIRST	MI	DATE
ADDRESS		HOME PHONE	
CITY, STATE, ZIP CODE		BUSINESS PHONE	
HAVE YOU EVER WORKED FOR SEASONS HOSPICE BEFORE? YES ___ NO ___		SOCIAL SECURITY NO.	
IF YES, FROM _____ TO _____		DRIVERS LICENSE NO. AND STATE	
POSITION(S) REQUESTED		ARE YOU 18 YEARS OF AGE OR OLDER? YES ___ NO ___	
HOW WERE YOU REFERRED TO SEASONS HOSPICE?			
<input type="checkbox"/> SEASONS EMPLOYEE <input type="checkbox"/> NEWSPAPER <input type="checkbox"/> PROFESSIONAL JOURNAL <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> COLLEGE COUNSELOR <input type="checkbox"/> RECRUITMENT PROGRAM <input type="checkbox"/> OTHER: PLEASE SPECIFY _____			
WORK HOURS	FULL TIME	PART TIME	CALL
PREFERRED?	Y N	Y N	Y N
AFTER EMPLOYMENT CAN YOU SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES ___ YES ___ NO IF HIRED, YOU WILL BE REQUIRED TO SHOW PROOF OF CITIZENSHIP			
HAVE YOU EVER BEEN CONVICTED OF A FELONY OR, A MISDEMEANOR? ___ YES ___ NO IF YES,			
E	X	P	L A I N :

NOTE: A conviction is not an automatic bar to employment; each case will be considered on its own merit.

HAVE YOU REVIEWED A JOB DESCRIPTION FOR THE POSITION FOR WHICH YOU ARE APPLYING? \_\_\_ YES \_\_\_ NO  
 IF YES, ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTION OF THE JOB, WITH OR WITHOUT  
 ACCOMODATIONS (S)? \_\_\_ YES \_\_\_ NO  
 YOU CAN ASSIST US BY DESCRIBING HOW YOU WOULD PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION AND  
 WITH WHAT REASONABLE ACCOMODATIONS WE CAN MAKE.

### EDUCATION

NAME OF SCHOOL	LOCATION	COURSE OF STUDY	NO. OF YRS COMPLETED	DID YOU GRADUATE	DEGREE DIPLOMA
<u>HIGH SCHOOL</u>					
<u>COLLEGE</u>					
<u>GRADUATE</u>					
<u>BUSINESS/TRADE/TECHNICAL</u>					

## EMPLOYMENT HISTORY

(MAY INCLUDE VOLUNTEER POSITIONS WHERE APPLICABLE)

COMPANY NAME	DATES EMPLOYED (MO/YR)
ADDRESS	FROM _____ TO _____ TELEPHONE: _____
CITY, STATE, ZIP	HOURLY PAY OR SALARY (CIRCLE ONE)
TITLE/POSITION	START _____ LAST _____ NAME AND TITLE OF SUPERVISOR _____
BRIEFLY DESCRIBE YOUR DUTIES _____	
PERSON(S) WE MAY CONTACT FOR REFERENCE _____	
REASON FOR LEAVING _____	

COMPANY NAME	DATES EMPLOYED (MO/YR)
ADDRESS	FROM _____ TO _____ TELEPHONE: _____
CITY, STATE, ZIP	HOURLY PAY OR SALARY (CIRCLE ONE)
TITLE/POSITION	START _____ LAST _____ NAME AND TITLE OF SUPERVISOR _____
BRIEFLY DESCRIBE YOUR DUTIES _____	
PERSON(S) WE MAY CONTACT FOR REFERENCE _____	
REASON FOR LEAVING _____	

COMPANY NAME	DATES EMPLOYED (MO/YR)
ADDRESS	FROM _____ TO _____ TELEPHONE: _____
CITY, STATE, ZIP	HOURLY PAY OR SALARY (CIRCLE ONE)
TITLE/POSITION	START _____ LAST _____ NAME AND TITLE OF SUPERVISOR _____
BRIEFLY DESCRIBE YOUR DUTIES _____	
PERSON(S) WE MAY CONTACT FOR REFERENCE _____	
REASON FOR LEAVING _____	

IF MORE INFORMATION PLEASE ATTACH A SEPARATE SHEET

PROFESSIONAL REGISTRATION LICENSURE OR CERTIFICATION	STATE	ID NUMBER	EXPIRATION
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OTHER STATES WHERE FORMERLY OR CURRENTLY REGISTERED? \_\_\_\_\_  
IS YOUR PROFESSIONAL LICENSE OR REGISTRATION CURRENTLY SUSPENDED OR REVOKED IN ANY STATE?    Y    N

IF YES, EXPLAIN \_\_\_\_\_  
HAVE YOU EVER HAD A PROFESSIONAL LICENSE OR REGISTRATION REVOKED IN ANY STATE?    YES    NO

IF YES, EXPLAIN \_\_\_\_\_

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**MILITARY** HAVE YOU EVER SERVED IN THE ARMED FORCES?    YES    NO  
DESCRIBE THE TRAINING RECEIVED RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING: \_\_\_\_\_

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**CERTIFICATION**

I CERTIFY THAT THE INFORMATION GIVEN BY ME IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I AGREE TO HAVE ANY OF THE ABOVE INFORMATION CHECKED BY SEASONS HOSPICE, INC. I AUTHORIZE THE USE OF ANY INFORMATION IN THIS APPLICATION TO VERIFY MY STATEMENTS AND I AUTHORIZE PAST EMPLOYERS, ALL REFERENCES, AND ANY OTHER PERSONS WHOM SEASONS HOSPICE, INC. CONTACTS TO ANSWER ALL QUESTIONS ASKED CONCERNING MY ABILITY, CHARACTER, REPUTATION, PREVIOUS EMPLOYMENT, EDUCATION, PUBLIC RECORDS, PROFESSIONAL CREDENTIALS, MOTOR VEHICLE RECORDS AND OTHER PERTINENT INFORMATION. I RELEASE ALL SUCH PERSONS FROM ANY LIABILITY OR DAMAGES ON ACCOUNT OF HAVING FURNISHED SUCH INFORMATION. I UNDERSTAND THAT ANY MISREPRESENTATION, FALSIFICATION, OR MATERIAL OMISSION OF INFORMATION ON THIS APPLICATION MAY RESULT IN MY FAILURE TO RECEIVE AN OFFER OF EMPLOYMENT OR, IF I AM HIRED, MY TERMINATION FROM EMPLOYMENT.

I UNDERSTAND THAT NOTHING CONTAINED IN THIS EMPLOYMENT APPLICATION OR IN THE GRANTING OF AN INTERVIEW IS INTENDED TO CREATE AN EMPLOYMENT CONTRACT BETWEEN SEASONS HOSPICE, INC. AND MYSELF FOR EITHER EMPLOYMENT OR FOR THE PROVIDING OF ANY BENEFIT. NO PROMISES REGARDING EMPLOYMENT HAVE BEEN MADE TO ME, AND I UNDERSTAND THAT NO SUCH PROMISES OR GUARANTEES ARE BINDING UPON SEASONS HOSPICE, INC. UNLESS MADE IN WRITING. IF AN EMPLOYMENT RELATIONSHIP IS ESTABLISHED, I UNDERSTAND THAT I HAVE THE RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME AND THAT SEASONS HOSPICE, INC. RETAINS THE SAME RIGHT. I UNDERSTAND THAT NO EMPLOYEE OR REPRESENTATIVE OF SEASONS HOSPICE, INC. HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OR FOR EMPLOYMENT ON OTHER THAN AN AT-WILL BASIS. FURTHERMORE, THE AT-WILL NATURE OF EMPLOYMENT CANNOT BE ALTERED EXCEPT IN SIGNED WRITING BY THE PRESIDENT OR EXECUTIVE DIRECTOR.

I UNDERSTAND THAT IF I AM OFFERED EMPLOYMENT WITH SEASONS HOSPICE, INC. I MAY BE SUBJECT TO A CRIMINAL BACKGROUND CHECK, A DRUG AND/OR ALCOHOL SCREEN, USING URINE OR BLOOD TESTS, AND AN EMPLOYMENT EXAMINATION. IN THE EVENT I HAVE A DISABILITY WHICH WILL AFFECT MY ABILITY TO TAKE THE TEST, I WILL SO INFORM SEASONS HOSPICE, INC. PRIOR TO THE ADMINISTRATION OF THE TEST SO THAT A REASONABLE ACCOMODATION CAN BE MADE. REQUESTED ACCOMODATION MAY INCLUDE ACCESSIBLE TESTING SITES, MODIFIED TESTING CONDITIONS, AND ACCESSIBLE TESTING FORMATS. SEASONS HOSPICE, INC. RESERVES THE RIGHT TO REQUIRE MEDICAL DOCUMENTATION CONCERNING THE NEED FOR THE ACCOMODATION.

I ALSO UNDERSTAND THAT ALL OFFERS OF EMPLOYMENT ARE CONDITIONED ON THE PROVISION OF SATISFACTORY PROOF OF AN APPLICANT'S IDENTITY AND LEGAL AUTHORITY TO WORK IN THE UNITED STATES.

APPLICANTS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

THIS APPLICATION WILL REMAIN ACTIVE FOR A PERIOD OF 90 DAYS.  
YOU MUST COMPLETE ANOTHER APPLICATION FORM SHOULD YOU WISH TO REMAIN ON FILE