



747 Northern Avenue
Hagerstown, MD 21742
301-791-6360
Fax 240-420-5610

EMPLOYMENT APPLICATION

In conformity with applicable laws, Hospice of Washington County, Inc. (HWC) is an Equal Opportunity Employer and does not discriminate on the basis of race, color, creed, religion, sex, sexual orientation, age, marital status, national origin, or disability.

1. Name _____
Last First Middle
2. Address _____
Street

City State Zip Code
3. Social Security Number _____ - _____ - _____
4. Telephone Number Please supply the best telephone # to contact you and indicate if this is your home, cell or other number. _____ - _____ - _____ Home ____ Cell ____ Other ____
5. Email Address _____
6. Position Applying for _____
Full-time ____ Part-time ____ Per diem ____
7. Are you willing to work Overtime ____ Evenings ____ Weekends ____ Holidays ____ On call ____
8. How many hours are you available to work per week? Minimum _____ Maximum _____
9. Salary expected \$ _____ Date available _____
10. Have you previously worked for HWC? Yes ____ No ____
If yes, list dates and titles _____
11. Have you previously applied for employment with HWC?
Yes ____ (Date _____) No ____

11. Education

| Name and Location of School | Circle Last Year Completed | Did You Graduate? | Major Course/Degree Received |
|---|----------------------------|-------------------|------------------------------|
| High School City _____ State _____ | 1 2 3 4 | | |
| College City _____ State _____ | 1 2 3 4 | | |
| Trade/Business City _____ State _____ | 1 2 3 4 | | |
| Other City _____ State _____ | 1 2 3 4 | | |

12. Licenses or Certifications

| Type of License/Certification | License # | State | Year Received | Expiration |
|-------------------------------|-----------|-------|---------------|------------|
| | | | | |
| | | | | |

13. Prior Employment (Must be completed)

| | | | |
|----------------------------------|-----------------|--|-------------|
| Name of Present or Last Employer | | Telephone Number | |
| Street Address | City | State | Zip Code |
| Starting Salary | Ending Salary | Were you disciplined? (Warnings, suspension, discharge) Yes _____ No _____ | |
| Position Held | Supervisor Name | Starting Date | Ending Date |
| Reason for Leaving | | | |
| Name of Previous Employer | | Telephone Number | |
| Street Address | City | State | Zip Code |
| Starting Salary | Ending Salary | Were you disciplined? (Warnings, suspension, discharge) Yes _____ No _____ | |
| Position Held | Supervisor Name | Starting Date | Ending Date |
| Reason for Leaving | | | |

| | | | |
|---------------------------|-----------------|--|-------------|
| Name of Previous Employer | | Telephone Number | |
| Street Address | City | State | Zip Code |
| Starting Salary | Ending Salary | Were you disciplined? (Warnings, suspension, discharge) Yes _____ No _____ | |
| Position Held | Supervisor Name | Starting Date | Ending Date |
| Reason for Leaving | | | |

| | | | |
|---------------------------|-----------------|--|-------------|
| Name of Previous Employer | | Telephone Number | |
| Street Address | City | State | Zip Code |
| Starting Salary | Ending Salary | Were you disciplined? (Warnings, suspension, discharge) Yes _____ No _____ | |
| Position Held | Supervisor Name | Starting Date | Ending Date |
| Reason for Leaving | | | |

If you had disciplinary problems with any previous employer and/or if the current job license you hold has any disciplinary issues please describe the circumstances.

14. Criminal Background

Have you ever been convicted of a crime or received a verdict of anything other than not guilty in any criminal investigation or proceeding? Yes _____ No _____

If yes, describe when the conviction occurred, the facts and circumstances, and any facts pertaining to rehabilitation. (Do not list any criminal charges for which the records have been expunged. A criminal offense will not necessarily bar employment).

15. Polygraph/Lie Detector Test

Under Maryland Law, an employer may not require or demand any applicant for employment or prospective employment or any employee to submit to or take a polygraph, lie detector or similar test or examination as a condition of employment or continued employment. Any employer who violates this provision is guilty of a misdemeanor and subject to a fine not to exceed \$100.00.

Signature

Date

16. Additional Information**Please Check One
Yes No**

| | | |
|--|--|--|
| Are you currently employed? | | |
| May we contact your current employer? | | |
| Are you currently on "lay off" status and subject to recall? | | |
| If you are under 18 years of age, can you provide proof of your eligibility to work? | | |
| If hired, can you provide proof of U.S. citizenship or proof of your legal right to work in the U.S.? | | |
| Are you able to perform all of the essential functions of the job for which you are applying with or without reasonable accommodation? | | |
| If hired, are there any accommodations the company would need to provide so that you can perform all of the essential functions and duties of the position? If Yes, please explain: | | |
| If hired, do you have a reliable means of transportation to and from work? | | |
| If hired, would you be able to travel or work overtime as needed? | | |
| If hired, can you meet the attendance requirements of the position? | | |

INFORMATION FOR APPLICANT

Please read each statement closely and initial each acknowledging your understanding.

Equal Employment Opportunity Statement

Hospice of Washington County, Inc. is committed to the principles of equal employment opportunity and is committed to make employment decisions based on merit. Hospice of Washington County, Inc. is committed to complying with all Federal, State and local laws providing for equal employment opportunities, as well as all laws related to terms and conditions of employment. Hospice of Washington County, Inc. desires to maintain a work environment that is free of sexual harassment and discrimination due to race, religion, color, national origin, physical or mental disability, age or any other status protected by Federal, State or local laws. Hospice of Washington County, Inc. will make reasonable efforts to accommodate those physical or mental limitations of an otherwise qualified employee unless undue hardship would result for the company.

Discrimination and Sexual Harassment Policy Statement

Hospice of Washington County, Inc. will not tolerate any form of unlawful discrimination, including sexual harassment. An employee who engages in unlawful discrimination or sexual harassment will be subject to appropriate discipline, up to and including termination. Prohibited sexual harassment is defined as follows: Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature constitutes sexual harassment when (1) submission to such conduct is made whether explicitly or implicitly a term or condition of an individual's employment; (2) Submission to or action of such conduct by an individual is used as the basis for employment decisions affecting such individuals; or (3) Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive work environment.

Disclosure to Applicants Concerning Drug/Alcohol Testing

If you are offered a position with Hospice of Washington County, Inc. you will be given a drug/alcohol test as a condition of employment. Your refusal to timely submit to a drug/alcohol test or your failure to pass such a test means you will not be employed by Hospice of Washington County, Inc. Neither the collector of specimens nor the medical professional who reviews the test results will be a company employee. The test results will be kept confidential. Negative test results are required as a condition of employment.

Complete and Accurate Information

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 correct to the best of my knowledge. I further certify that I have personally completed this application. I understand that any omission or misstatement of material fact on this application, or any other document 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.

_____ **At-Will Employment**

I understand and agree that if I am employed, my employment will be “at-will”, which means that Hospice of Washington County, Inc. may terminate the employment relationship at any time, with or without cause and with or without notice. Likewise, Hospice of Washington County, Inc. will respect my right to terminate my employment at any time, with or without cause and with or without notice. I further understand that any prior representation, whether expressed or implied to the contrary is hereby superseded and that no promise or representation contrary to the foregoing is binding on the Hospice of Washington County, Inc. unless made in writing and signed by the Chief Executive Officer.

_____ **Testing Authorization**

If offered a position with Hospice of Washington County, Inc., I hereby agree to any legally permitted physical, psychological, skill, drug or medical test required by Hospice of Washington County, Inc. as a condition of employment.

_____ **Investigation Authorization**

I authorize investigation into all statements and references contained in this application. This investigation may include credit, driving, criminal background, references and other background checks.

_____ **Hospice of Washington County, Inc. Obligation**

I understand and agree that the acceptance of the job application does not mean that a position for which I am qualified is open (unless specifically posted) or that Hospice of Washington County, Inc. has agreed to hire me. I understand that Hospice of Washington County, Inc. is under no obligation to hire me as a result of accepting this completed application.

I HAVE READ AND UNDERSTAND THE ABOVE POLICY STATEMENTS AND AGREE TO BE BOUND BY THEM IF EMPLOYED BY THE COMPANY.

Signature of Applicant

Date