



simplicity^{HR}

Employment Information

We consider all applicants without regard to race, color, religion, sex, marital status, sexual orientation, national origin, age, disability, arrest and court record or status as a Vietnam-era or special disabled veteran in accordance with federal law. In addition, we comply with applicable state and local laws prohibiting discrimination in every jurisdiction in which we operate. **Please print. Answer all questions completely and provide exact dates.**

DATE:
INTERVIEWED BY:

LAST NAME	FIRST NAME	MIDDLE NAME	TODAY'S DATE
CURRENT STREET ADDRESS	CITY	STATE	ZIP
			HOW LONG HAVE YOU LIVED AT CURRENT ADDRESS? ____ YR ____ MO
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP
			HOW LONG? ____ YR ____ MO
HOME PHONE	ALTERNATE PHONE	CELLULAR/PAGER	EMAIL ADDRESS
			SOCIAL SECURITY #
IN CASE OF EMERGENCY CONTACT:		NAME	TELEPHONE
WHEN ARE YOU AVAILABLE TO START?			
HOW DID YOU HEAR OF US?			
HAVE YOU EVER APPLIED OR WORKED FOR ALTRES BEFORE?			
EDUCATION	SCHOOL NAME	CITY/STATE	MAJOR
	GRADE POINT	TYPE OF DEGREE	
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR OTHER			
EMPLOYMENT HISTORY: PLEASE LIST YOUR LAST 3 JOBS, MOST RECENT FIRST. ARE YOU CURRENTLY EMPLOYED? ____ IF YES, WHERE? ____			
	MOST RECENT JOB: FROM / / TO / /		PRIOR JOB FROM / / TO / /
	NEXT PRIOR JOB FROM / / TO / /		
TITLE			
COMPANY & DIVISION			
ADDRESS			
TELEPHONE			
SUPERVISOR/TITLE			
TYPE OF BUSINESS			
DUTIES(S)/RESPONSIBILITIES			
HOURLY/MONTHLY RATE OF PAY	BEGINNING	ENDING	BEGINNING
			ENDING
REASON FOR LEAVING THIS JOB			
	MAY WE CONTACT THEM FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		MAY WE CONTACT THEM FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO
	IF NOT, WHY? _____		IF NOT, WHY? _____
BUSINESS REFERENCES (CO-WORKERS & PREVIOUS MANAGERS)			
NAME/TITLE	COMPANY	PHONE	NAME/TITLE
			COMPANY
			PHONE
WHAT POSITION ARE YOU APPLYING FOR?		DESIRED BENEFITS	

LIST ALL PERIODS OF 4 WEEKS DURATION OR MORE WHEN YOU WERE "BETWEEN JOBS", NOT EMPLOYED/WORKING.

FROM: TO: REASON:

FROM: TO: REASON:

WHAT IS THE "IDEAL" NEXT POSITION FOR YOU?

WHAT MATTERS MOST TO YOU IN A JOB?

FOREIGN LANGUAGE PROFICIENCY

WRITE

SPEAK

READ

HAVE YOU EVER BEEN LICENSED OR BONDED?

YES

NO

HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES?

YES

NO

ARE YOU OVER THE AGE OF 18?

YES

NO

WHAT SPECIAL SKILLS CAN YOU CONTRIBUTE?

WILL YOU USE YOUR OWN TRANSPORTATION OR PUBLIC TRANSPORTATION FOR WORK?

LIST YOUR MINIMUM TO PREFERRED SALARY OR HOURLY PAY RANGE

PREFERRED WORK DAYS & HOURS?

ANY DAYS OR HOURS NOT AVAILABLE?

IS THERE ANYTHING THAT WOULD PREVENT YOU FROM PERFORMING, IN A REASONABLE AND SAFE MANNER, THE ACTIVITIES INVOLVED, IN THE TYPE OF POSITION FOR WHICH YOU ARE SEEKING EMPLOYMENT?

YES

NO

IF YES, PLEASE EXPLAIN:

IS THERE ANYTHING ELSE YOU WANT US TO KNOW ABOUT YOU?

WHO ELSE DO YOU KNOW WHO MAY BE LOOKING FOR WORK?

NAME

PHONE NUMBER

NAME

PHONE NUMBER

PRE-EMPLOYMENT STATEMENT Please read the following statements and sign in the space provided below. I understand and agree that:

1. The information I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment or, if employed, termination from employment.
2. Any offer of employment I may receive is contingent upon my successful completion of any screening process, including ALTRES and/or the customer receiving references that they consider satisfactory.
3. In processing this application, ALTRES and/or the customer may verify the information provided by me, or may procure or have prepared a consumer or investigative consumer report concerning my work history, education, character, reputation, background, and conviction record (if and as permitted by law). I understand that upon written request to ALTRES, I will be informed of whether an investigative consumer report was requested and given full information as to the nature and scope of this investigation.
4. I authorize and request that my present and former employers, educational institutions attended, and references furnish information regarding my work history, education, character, reputation, and background. I hereby release ALTRES, the customer, and all providers of information from any and all liability relating to or arising from furnishing the requested information.
5. I authorize ALTRES to release any information about me that it may obtain from any source to ALTRES customers or referrals which may be interested in employing me or otherwise engaging my services, and specifically hold ALTRES harmless as to release ALTRES from any and all liabilities, damages, or consequences associated with such disclosure.
6. After receiving an offer of employment, I may be required by ALTRES and/or the customer to undergo a pre-employment medical examination and/or screening for alcohol and/or drugs, with the offer of employment conditioned on the result of such examination or screening. If employed, I agree to submit to a medical examination (or screening for alcohol and/or drugs) at ALTRES' or the customer's request, consistent with applicable law. I hereby consent to having the results of any pre-employment medical examinations and/or screening for alcohol and/or drugs disclosed to the appropriate ALTRES or customer official.
7. If employed, I agree that ALTRES is my employer of record for all workers' compensation matters. In the event of an occupational injury or illness, my exclusive remedy for such injury or illness shall be pursuant to ALTRES' workers' compensation coverage and I shall not seek benefits from any customer to which I am assigned. A delay in reporting the injury or illness to ALTRES may result in a delay in receiving benefits.
8. I agree to maintain the confidentiality of any proprietary information of ALTRES and/or the customer, including client lists, personnel information, internal communications, computer programs, price lists, business plans, financial statements, information pertaining to lawsuits or other legal proceedings, training programs, and product development. I agree that the use, communication, duplication and/or distribution of such information for personal benefit or for the benefit of another person, company, or entity other than ALTRES and/or the customer may be grounds for disciplinary action, up to and including dismissal, and may also result in legal action.
9. This application is not an implied or express contract of employment and cannot create a contract of employment for any specific period. I understand that if I am offered employment, my employment will be "at will" and can be terminated at any time at the option of ALTRES, the customer, or myself, with or without cause and with or without prior notice or warning.

Signature _____ Print Name _____ Date _____

ARBITRATION POLICY

Because of the delay and expense that results from the use of the federal and state court systems, ALTRES requires, as a term and condition of employment and/or continued employment, that all of its employees agree to submit to binding arbitration any controversies concerning compensation, employment, or termination of employment, rather than to use the court system. If I am offered employment, I expressly and knowingly agree that if any dispute should ever arise between myself and ALTRES, and/or between myself and the ALTRES customer, and/or arising out of any transaction or occurrence at my workplace, concerning any aspect of my employment including, but not limited to, my compensation, the terms and condition of my employment, harassment and/or discrimination of myself in the workplace and/or connected with work, or termination of my employment, such dispute(s) shall be submitted to binding, mandatory and exclusive arbitration and I shall not attempt to use any court or judicial system to adjudicate such dispute(s).

Signature _____ Print Name _____ Date _____

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Hospice of Kona, Inc. ("the Company") may obtain information about you from a third party consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by PeopleG2, 135 South State College Blvd, Suite 200, Brea, CA 92821; tel. # 1.800.630.2880; www.PeopleG2.com. The scope of this disclosure allows the Company to obtain consumer reports now and throughout the course of your employment for an employment purpose to the extent permitted by law.

Signature _____

Date _____

Print Name _____

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by Hospice of Kona, Inc. ("Employer") at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by PeopleG2, 135 South State College Blvd, Suite 200, Brea, CA 92821; tel. # 1.800.630.2880; www.PeopleG2.com and/or Employer. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants only: Upon request, you will be informed whether or not a consumer report was requested by the Employer, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Employer by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.

New York City applicants only: You acknowledge and authorize the Employer to provide any notices required by federal, state or local law to you at the address(es) and/or email address(es) you provided to the Employer.

Washington State applicants only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Minnesota and Oklahoma applicants only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Employer.

Signature _____

Date _____

DISCLOSURE REGARDING "INVESTIGATIVE CONSUMER REPORT" BACKGROUND INVESTIGATION

Hospice of Kona, Inc. (the "Company"), to which you have applied for employment, may request an investigative consumer report about you from a third party consumer reporting agency, in connection with your employment or application for employment (including independent contractor or volunteer assignments, as applicable). An "investigative consumer report" is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without information obtained from personal interviews). The most common form of an investigative consumer report in connection with your employment is a reference check through personal interviews with sources such as your former employers and associates, and other information sources. The investigative consumer report may contain information concerning your character, general reputation, personal characteristics or mode of living. You may request more information about the nature and scope of an investigative consumer report, if any, by contacting the Company.

You have the right, upon written request made within a reasonable time, to request (1) whether an investigative consumer report has been obtained about you, (2) disclosure of the nature and scope of any investigative consumer report and (3) a copy of your report. These reports will be conducted by PeopleG2, 135 South State College Blvd, Suite 200, Brea, CA 92821; tel. # 1.800.630.2880; www.PeopleG2.com. The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of investigative consumer reports throughout the course of your employment to the extent permitted by law.

Signature _____

Date _____

Print Name _____

BACKGROUND INFORMATION

First _____ Middle _____ Last _____

(Print Clearly Full Legal Name)

Last Name as it appears on your License or ID Card _____

Other Names/Alias _____

(Full Legal Name)

Social Security # * _____ Date of Birth* _____

Drivers License # _____ State of Driver's License _____

Present Address _____

City/State/Zip _____

Phone Number _____

Email Address(s) _____

(List all current email addresses)

*This information will be used for background screening purposes only and will not be used as hiring criteria.