

# Application for Employment



Basin Home Health & Hospice

(505) 325-8231



(505) 324-8269

Please Print

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Name \_\_\_\_\_ Applicant ID # \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State ZIP Code

Telephone # ( ) Cellular/Other Phone # ( ) E-mail Address \_\_\_\_\_

Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_/\_\_\_\_/\_\_\_\_

**Referral Source** (Please check the appropriate category and list the source.)

- Walk-in \_\_\_\_\_
- Employee \_\_\_\_\_
- Advertisement \_\_\_\_\_
- Company's Website \_\_\_\_\_
- Other Internet \_\_\_\_\_
- School \_\_\_\_\_
- Job Fair \_\_\_\_\_
- Staffing Agency \_\_\_\_\_
- Government Employment Agency \_\_\_\_\_
- Other \_\_\_\_\_

If necessary, best time to call you is \_\_\_\_\_ : \_\_\_\_\_  
 Home  Cellular/Other

May we contact you at work? .....  Yes  No  
If yes, work number and best time to call:  
( ) : \_\_\_\_\_

If you are under 18 and it is required, can you furnish a work permit? .....  Yes  No  
If no, please explain: \_\_\_\_\_

Have you submitted an application here before? .....  Yes  No  
If yes, give date(s) and position(s): \_\_\_\_\_

Have you ever been employed here before? .....  Yes  No  
If yes, give dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Is this application a request for reemployment following an extended military leave of absence from this company? .....  Yes  No

Are you legally eligible for employment in this country? .....  Yes  No

Date available for work \_\_\_\_\_/\_\_\_\_/\_\_\_\_

What is your desired salary range or hourly rate of pay?  
\$ \_\_\_\_\_ Per \_\_\_\_\_

Type of employment desired:  Full-Time  Part-Time  
 Educational Co-Op  Seasonal  Temporary

Type of work schedule interested in: (Check all that apply.)  
 Days (1st Shift)  Evenings (2nd Shift)  Nights (3rd Shift)  Pool  
 Weekends  Split Shift  Rotating Shift  Overtime

Will you relocate if job requires it? .....  Yes  No

Will you travel if job requires it? .....  Yes  No

If they have been explained to you, are you able to meet the attendance requirements of the position?.....  N/A  Yes  No

Will you work overtime if required? .....  Yes  No  
If no, please explain: \_\_\_\_\_

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Yes  No  Need more information about the job's "essential functions" to respond

Driver's license number required if driving may be required in the job for which you are applying: \_\_\_\_\_ State \_\_\_\_\_

Have you ever been bonded? .....  Yes  No

Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pleaded "guilty" or "no contest" to or been convicted of a crime? .....  Yes  No  
If yes, please provide date(s) and details: \_\_\_\_\_

Have you entered into an agreement with any former employer or other party (such as a noncompetition agreement) that might, in any way, restrict your ability to work for our company? .....  Yes  No

If yes, please explain: \_\_\_\_\_

# Employment History

Starting with your most recent employer, provide the following information.

Employer	Telephone # ( )	Dates employed: Month / Year to Month / Year
Street address	City State	<b>Compensation (Starting)</b>
Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Commission/Bonus/Other Compensation \$
Why did you leave?	E-mail:	<b>Compensation (Final)</b>
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
		Commission/Bonus/Other Compensation \$
Summarize the type of work performed and job responsibilities.		
What did you like most about your position?		
What were the things you liked least about the position?		

Employer	Telephone # ( )	Dates employed: Month / Year to Month / Year
Street address	City State	<b>Compensation (Starting)</b>
Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Commission/Bonus/Other Compensation \$
Why did you leave?	E-mail:	<b>Compensation (Final)</b>
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
		Commission/Bonus/Other Compensation \$
Summarize the type of work performed and job responsibilities.		
What did you like most about your position?		
What were the things you liked least about the position?		

Employer	Telephone # ( )	Dates employed: Month / Year to Month / Year
Street address	City State	<b>Compensation (Starting)</b>
Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Commission/Bonus/Other Compensation \$
Why did you leave?	E-mail:	<b>Compensation (Final)</b>
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
		Commission/Bonus/Other Compensation \$
Summarize the type of work performed and job responsibilities.		
What did you like most about your position?		
What were the things you liked least about the position?		

Employer	Telephone # ( )	Dates employed: Month / Year to Month / Year
Street address	City State	<b>Compensation (Starting)</b>
Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Commission/Bonus/Other Compensation \$
Why did you leave?	E-mail:	<b>Compensation (Final)</b>
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
		Commission/Bonus/Other Compensation \$
Summarize the type of work performed and job responsibilities.		
What did you like most about your position?		
What were the things you liked least about the position?		

## Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury or disability. \_\_\_\_\_

If not addressed on previous page, have you ever been fired or asked to resign from a job? .....  Yes  No

If yes, please explain: \_\_\_\_\_

## Skills and Qualifications

Please use the space below for any additional information necessary to describe your full qualifications (*i.e.*, specialty areas such as ICU, OB/GYN special equipment, typing speed, computer software programs).

Do you speak, read or write in any language other than English? .....  Yes  No

If yes, please describe: \_\_\_\_\_

## Education and Training

Name of School and Address	No. of Years	Course/Major	Diploma/Degree

## Professionals and Technical Applicants Only

Professional License No.	Type of License	Date of Issue	Expiration Date
			/ /
			/ /

**Membership in professional organizations:** If you are licensed, has your license ever been suspended or revoked or are you currently involved in any proceeding that could affect your license or certification? .....  Yes  No

If yes, please give date, location, and disposition of your case: \_\_\_\_\_

## References

List names and telephone numbers of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are *not* related to you.

Name	Title	Relationship to you	Telephone	E-mail	Home/Cell/Other
			( )		
			( )		
			( )		

## Social Security Number

SS# \_\_\_\_\_

We will use this information only for employment purposes and make reasonable efforts to safeguard your privacy.

**Related Information**

To what job-related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

Table with 2 columns and 4 rows for listing organizations.

List special accomplishments, publications, awards, etc.

Exclude information that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

Blank line for listing special accomplishments.

In your current or a prior job, have you ever written instructions or directions to be followed by employees or customers?

Yes  No  Not Applicable

If yes, please explain: \_\_\_\_\_

Is there any other job-related information you want us to know about you? \_\_\_\_\_

**Applicant Statement**

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. This Company likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate, or non-employee (such as a vendor or customer). The Company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

# Affirmative Action Voluntary Information Form A

Completion of information below is voluntary.

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, military/veteran status, or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To comply with requirements regarding government recordkeeping, reporting and other legal obligations that may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Not providing it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is *not* a part of your official application for employment. The information will be used and kept confidential in accordance with applicable laws and regulations.

Position(s) applied for: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Referral Source:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Walk-in                       | <input type="checkbox"/> Government Employment Agency | <input type="checkbox"/> Private Employment Agency |
| <input type="checkbox"/> Employee                      | <input type="checkbox"/> Relative                     | <input type="checkbox"/> School                    |
| <input type="checkbox"/> Advertisement – Source: _____ |   | <input type="checkbox"/> Other _____               |

Name of person who referred you (if applicable) \_\_\_\_\_

## Applicant Information

Name \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State ZIP Code

- Male  Female

## EEO Self-Identification

Please check the box (only one) that best applies to you:

- Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- White** (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- Black or African American** (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander** (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- Asian** (Not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- American Indian or Alaska Native** (Not Hispanic or Latino) – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Two or More Races** (Not Hispanic or Latino) – All persons who identify with more than one of the races above, excluding Hispanic or Latino.

## Veteran Status Information (for government contractors with contracts entered into before December 1, 2003, in the amount of \$25,000 or more)

This employer is a government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified special disabled veterans, veterans of the Vietnam era, recently separated veterans, and other protected veterans. If you are a veteran of the Vietnam era, recently separated veteran, or other protected veteran, we would like to include you under our affirmative action program. If you would like to be included under the affirmative action program, please tell us. **Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment.** The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended. The information you submit will be kept confidential, except that: (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) government officials engaged in enforcing laws administered by OFCCP, or enforcing the Americans with Disabilities Act, may be informed.

## Veteran Status Information (continued)

Please check all boxes that apply to you:

- I am a veteran of the Vietnam era. A person who: (a) served on active duty for a period of more than 180 days, and was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty occurred in: (i) the Republic of Vietnam between February 28, 1961 and May 7, 1975 or (ii) between August 5, 1964 and May 7, 1975, in all other cases; OR (b) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed during the times and places specified under (a).
- I am a recently separated veteran. Any veteran during the one-year period beginning on the date of such veteran's discharge or release from active duty.
- I am an other protected veteran. A person who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized, under laws administered by the Department of Defense.
- I would like to be included under the company's affirmative action program (if applicable) pertaining to veterans of the Vietnam era, recently separated veterans, and other protected veterans. (Note that you may make this request at this time and/or any time in the future.)
- None of the above apply to me.

## Special Disabled Veterans (APPLICANT: Only complete this section if the Company has checked "Yes" below)

**EMPLOYER:** Please indicate whether you are inviting applicants to participate in your company's affirmative action program benefiting special disabled veterans.

- Yes. The Company invites its applicants to provide information (on a voluntary basis) regarding their status as a "special disabled veteran" for inclusion in the company's affirmative action program.
- Check this box ONLY if the company is actually undertaking affirmative action for special disabled veterans at the *application* stage (pre-offer) or is otherwise authorized to collect these data to comply with federal, state, or local affirmative action obligations pertaining to special disabled veterans. Otherwise, it is advisable to wait until a conditional offer of employment has been extended before inquiring about disability status.

### APPLICANT:

If the company has checked "Yes" to the question above, you are invited to provide additional information regarding your status as a "special disabled veteran." This information will assist us in placing you in an appropriate position and in making accommodations for your disability. The law defines a "special disabled veteran" as:

- a) a veteran who is entitled to compensation (or who, but for the receipt of military retired pay, would be entitled to compensation) under laws administered by the Department of Veterans Affairs for a disability rated at 30 percent or more, or rated at 10 or 20 percent in the case of a veteran who has been determined by the Department of Veterans Affairs to have a serious employment handicap, or
- b) a person who was discharged or released from active duty because of a service-connected disability.

If you are a special disabled veteran, please indicate whether you would like to be included under the company's affirmative action program for special disabled veterans. You may elect to be included at this time or any time in the future.

- Yes. I would like to be included under the company's affirmative action program for special disabled veterans. (If a job offer is extended, you may be asked to provide more information to assist with placement and accommodation issues.)
- No. At this time, I would not like to be included in the company's affirmative action program for special disabled veterans.

If you are a special disabled veteran, it would assist us if you tell us about any special methods, skills and procedures that qualify you for positions that you might not otherwise be able to do because of your disability so that you will be considered for any positions of that kind.

Applicant's Signature: \_\_\_\_\_

## For Administrative Use Only

Hired  Yes  No

Position hired for \_\_\_\_\_

From the EEO job classifications listed below, which one best describes the position filled (or applied for, if applicant rejected)?

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Executive/Senior Level Officials and Managers | <input type="checkbox"/> Technicians                    | <input type="checkbox"/> Craft Workers        |
| <input type="checkbox"/> First/Mid-Level Officials & Managers          | <input type="checkbox"/> Sales Workers                  | <input type="checkbox"/> Operatives           |
| <input type="checkbox"/> Professionals                                 | <input type="checkbox"/> Administrative Support Workers | <input type="checkbox"/> Laborers and Helpers |
| <input type="checkbox"/> Service Workers                               |   |   |

Notes: \_\_\_\_\_

Completed by: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

To be filed separately from employment application.



©2008 G.Neil  
720 International Parkway, Sunrise, FL 33325  
800-999-9111 • www.gneil.com to reorder  
Affirmative Action Voluntary Information Form A #RS-A0273

an Attorney-Approved product from G.Neil.  
G.Neil assumes no responsibility for the employer's use of this form or any decision the employer makes that may violate local, state or federal law.  
By selling this form, G.Neil is not giving legal advice. The purchaser of this form is granted a limited license to photocopy the "completed form" for its internal use only. Any other photocopying or reproducing in any form, whether in whole or in part, is strictly prohibited.