



Avalon Hospice
& Palliative Care

Employment Application

(PLEASE PRINT)

PERSONAL INFORMATION

Last Name		First Name		Middle Name	Other Name under which employed	
Street Address			City		State	Zip Code
Home Telephone () ()		Work # • ()	Pager # •	Social Security Number - -		

POSITION APPLIED FOR

Position(s) Applied For	Date of Application	Job Code
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REFERRAL SOURCE

I am available for: (check all that apply)	<input type="checkbox"/> Evenings	<input type="checkbox"/> Advertisement (specify publication)	<input type="checkbox"/> Internet	<input type="checkbox"/> Former Employee
	<input type="checkbox"/> Days		<input type="checkbox"/> Job Line	<input type="checkbox"/> Phone Inquiry
	<input type="checkbox"/> Full Time	<input type="checkbox"/> Employee Referral (provide employee's name)	<input type="checkbox"/> Friend/Relative	<input type="checkbox"/> News Paper
	<input type="checkbox"/> Part Time		<input type="checkbox"/> Walk In	<input type="checkbox"/> Job Posting
<input type="checkbox"/> Per Diem	<input type="checkbox"/> Temp Service		<input type="checkbox"/> other	
<input type="checkbox"/> Nights				
<input type="checkbox"/> Weekends				
<input type="checkbox"/> Flexible				

Have you ever been employed by Avalon Hospice & Palliative Care before? Yes No

If yes, give date: _____ (Start Date) _____ (Ending Date)

Are you currently employed? Yes No

If yes, may we contact your current employer? Yes No

Are you authorized to work in the United States?
(Proof of authorization will be required) Yes No

Date available for work: ____/____/____ What is your desired salary range? _____

Have you ever been convicted of a felony? Yes No

If yes, explain the conviction. (A conviction will not necessarily disqualify you from employment.)

EDUCATION

	High School				Undergraduate College/University				Graduate/Professional			
School Name And Location												
Years Completed	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree												
State any additional information you feel may be helpful to us in considering your application												

LIST PROFESSIONAL LICENSES, CERTIFICATIONS OR REGISTRATIONS

TYPE	STATE	NUMBER	EXPIRATION DATE

REFERENCES

Please provide the names of at least three references (**not friends, relatives or co-workers**) that may be contacted by us. All references should have specific knowledge of your work experience and have supervised your work performance.

Name	Address	Phone #	Occupation/Job Title	How Does This Person Know You?

For Driving Jobs Only: (Clinical Homecare Staff and other designated positions)

Do you have a valid driver's license? Yes No

Driver's License Number _____ Class of License _____

Have you had your driver's license suspended/revoked in the last 3 years? Yes No

EMPLOYMENT HISTORY Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are critical. Start with your present or last job. Please account for all periods of time including military service, school and unemployment. Include all relevant work and volunteer experience.

A RESUME MAY BE ATTACHED AS A SUPPLEMENT, BUT NOT AS A SUBSTITUTE.

Employer				Dates Employment		Job Duties
				From	To	
Address		City	State	Zip		
Telephone Number(s)				Hourly Rate/Salary		
Job Title				Supervisor		
Reason for Leaving						
Employer				Dates Employment		
				From	To	
Address		City	State	Zip		
Telephone Number(s)				Hourly Rate/Salary		
Job Title				Supervisor		
Reason for Leaving						
Employer				Dates Employment		Job Duties
				From	To	
Address		City	State	Zip		
Telephone Number(s)				Hourly Rate/Salary		
Job Title				Supervisor		
Reason for Leaving						

If you need additional space, please continue on a separate sheet of paper.

Avalon Hospice & Palliative Care does not discriminate against any person on the basis of race, color, national origin, disability, or age in admission, treatment, or participation in its programs, services and activities, or in employment. For further information about this policy.

Contact: The Human Resources Department – (858) 751-0315 or by Fax – (858) 560-0435. Telecommunication Relay Services (provider) - **Sprint and MCI Access #'s:** 800-735-2922(V) 1-800-735-2929 (T) 1-800-854-7784 (STS)

Please describe why you want to work at Avalon Hospice & Palliative Care and why you will be successful:

APPLICANT STATEMENT

I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification or omission of pertinent information is grounds for refusal to hire, or if hired, dismissal. I understand that any offer of employment is contingent upon satisfactory proof of identity and legal authority to work in the U.S. I understand that any offer of employment is contingent upon successful completion of a health assessment and TB test. Any candidate who refuses to go through the health assessment including the TB test will not be considered for employment with Avalon Hospice & Palliative Care.

I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application. I hereby release them and Avalon Hospice & Palliative Care from any and all liability for issuing, receiving, or using any such information. I authorize Avalon Hospice & Palliative Care to request and receive such information.

In consideration for my employment by your company, I agree to conform to the rules and regulations of the company and acknowledge that these rules and regulations may be changed, interpreted, withdrawn, or added to at any time, at the company’s sole option and without prior notice to me, provided however the “at will” status of the employment described below cannot be modified. Any employment resulting from this application process will be “at will”. I acknowledge that my employment may be terminated and any offer of employment, if such is made, may be withdrawn, with or without prior notice at any time at the option of the company or myself.

I have read, understand and agree to the above.

Signature of Applicant

Date

RELEASE AND AUTHORIZATION

In connection with my suitability for employment with **Avalon Hospice & Palliative Care**, or if employed, I understand that if the position for which I am seeking or currently occupy would require protection of "persons at risk" including, but not limited to working directly and in an unaccompanied setting with minor children, the elderly, working with mentally disabled individuals, working with the physically handicapped, or others who could be considered at risk, or if I have supervision or disciplinary power over such persons, or if in the course of my employment I may come in contact or work in the proximity of such persons, in the sole discretion of the Company, I understand that a search of the "State Sexual Offender Database" (registration of convicted sex offenders) will be conducted and the results reported to the Company.

I UNDERSTAND THAT THE COMPANY MAY USE THE INFORMATION OBTAINED FROM THE SEARCH DESCRIBED ABOVE FOR EMPLOYMENT PURPOSES, INCLUDING, BUT NOT LIMITED TO, HIRING, TERMINATION, ASSIGNMENT, REASSIGNMENT, PROMOTION, RETENTION AND REHIRING, EXCEPT THAT INFORMATION OBTAINED FROM THE SEXUAL OFFENDER IDENTIFICATION LINE WILL BE USED FOR THESE PURPOSES ONLY TO THE EXTENT THE COMPANY DETERMINES THERE IS A NEED TO PROTECT "PERSONS AT RISK," AS THAT TERM IS USED IN CALIFORNIA PENAL CODE SECTION 290.4(E)(1)) AND SECTION 290.46(j)(1). I HEREBY KNOWINGLY AND VOLUNTARILY AUTHORIZE INFOLINK TO SEEK THE INFORMATION DESCRIBED ABOVE ON BEHALF OF THE COMPANY AND AUTHORIZE THE COMPANY TO USE THAT INFORMATION (INCLUDING INFORMATION OBTAINED FROM THE SEXUAL OFFENDER IDENTIFICATION LINE) AS AUTHORIZED UNDER APPLICABLE LAWS.

ADDITIONALLY, I HEREBY RELEASE ALL PARTIES AND PERSONS FROM ANY AND ALL LIABILITY FOR ANY DAMAGES, AND VOLUNTARILY WAIVE ANY AND ALL RIGHTS, CLAIMS, CHARGES, COMPLAINTS, OR CAUSES OF ACTION I HAVE OR MAY HAVE AGAINST THE COMPANY AND/OR INFOLINK, INCLUDING ANY OF THEIR CLIENTS, EMPLOYEES, AND REPRESENTATIVES, AS A RESULT OF THE COMPANY'S AND/OR ITS REPRESENTATIVES ACTIONS IN SEEKING, USING, AND/OR DISCLOSING INFORMATION FROM THE SEX OFFENDER IDENTIFICATION LINE OR ANY OTHER SOURCE.

I further understand that any offer of employment, promotion, or reassignment will be conditional upon the receipt of satisfactory information as determined by the Company and that to be considered for employment, promotion, or reassignment; I must authorize this release form. Further, I understand that I will be provided and must authorize a separate disclosure form as required under the Fair Credit Reporting Act and applicable state laws. A photographic or faxed copy of this Release and Authorization Form shall be as valid as the original.

The Report shall be provided by



9201 Oakdale Ave., Chatsworth, CA 91311-6520
TEL: (818/800) 990-HIRE (4473) FAX: (818) 709-2345

The following must be filled out completely and signed for your application to be considered

LAST NAME _____ FIRST NAME _____ MIDDLE NAME/INITIAL _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____ Email _____

SOCIAL SECURITY NUMBER DRIVER'S LICENSE NUMBER STATE ISSUED

Signature TODAY'S DATE _____

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Company ID: HTH9214

DISCLOSURE and AUTHORIZATION TO OBTAIN INFORMATION

In connection with my suitability for employment with **Avalon Hospice & Palliative Care**, or if employed, I understand that prior to or at any time after my employment commences a consumer report may be requested for employment purposes from **InfoLink Screening Services, Inc.**, (herein: "InfoLink") from public records including; but not limited to, Social Security number, motor vehicle operation history/driving records, workers' compensation information and criminal history to the extent permitted by law from various local, state, and federal agencies. Further, I understand that an Experian Employment Insight Report, Trans Union Employment Credit Report or Equifax Persona report may be requested. Finally, I understand that an Investigative Consumer Report may be requested and, as required under §606(a)(1) of the federal Fair Credit Reporting Act (FCRA), 15 U.S.C. §1681 et seq., I understand that this Report will include information as to my character, general reputation, personal characteristics, mode of living, work habits, performance, experience, along with reasons for termination of past employment, whichever are applicable, obtained through personal interviews with associates who have knowledge concerning such items of information.

I VOLUNTARILY AND KNOWINGLY AUTHORIZE ANY PRESENT OR PAST EMPLOYER OR SUPERVISOR, COLLEGE OR UNIVERSITY OR OTHER INSTITUTION OF LEARNING, ADMINISTRATOR, LAW ENFORCEMENT AGENCY, STATE AGENCY, LOCAL AGENCY, FEDERAL AGENCY, CREDIT BUREAU, PRIVATE BUSINESS, MILITARY BRANCH OR THE NATIONAL PERSONNEL RECORDS CENTER, PERSONAL REFERENCE, AND/OR OTHER PERSONS TO GIVE RECORDS OR INFORMATION THEY MAY HAVE CONCERNING MY CRIMINAL HISTORY, MOTOR VEHICLE HISTORY, SOCIAL SECURITY NUMBER, EARNINGS HISTORY, CHARACTER, AND EMPLOYMENT (INCLUDING REASONS FOR TERMINATION), CREDIT HISTORY, CREDIT CAPACITY, OR CREDIT STANDING OR ANY OTHER INFORMATION REQUESTED BY INFOLINK DEEMED PERTINENT TO MY EMPLOYMENT.

In accordance with the FCRA and applicable state laws, I understand that I have the right to request a complete and accurate disclosure of the nature and scope of the investigation requested. Further, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Reporting Agency. If so, I will be so advised in writing and be given the name, address and toll free number of the agency, a statement that the action was based in whole or in part on information contained in the Report, and written notice that I have the right (i) if I request, to obtain within sixty days a free copy of the Report from the Reporting Agency (under no circumstances shall such cost exceed the actual costs of duplication), and from any other Consumer Reporting Agency which compiles and maintains files on consumers on a nationwide basis; and, (ii) to dispute the accuracy or completeness of any information in a consumer report furnished by the Reporting Agency. I understand that upon my request with reasonable notice and after furnishing proper identification, InfoLink's trained personnel will provide me with investigative information in my file during normal business hours in person or upon written request, by certified mail to a specified addressee, or telephone as permitted by law. Further, I understand that should I wish to review my file in person; I am permitted to be accompanied by one other person of my choosing who shall furnish reasonable identification and if requested, InfoLink will provide a written explanation of any coded information contained in my file. I understand that InfoLink is a Consumer Reporting Agency and it is InfoLink's policy to not be involved in or make hiring decisions or recommendation.

InfoLink's privacy policy limits the information it provides to the Company named herein, however I hereby authorize the Company to share such information with parties in interest who have a "need to know" such information to protect them and their employees. InfoLink does not sell or otherwise provide any of the information found in its background investigations to any other party other than the Company.

I understand that any consumer report or investigative consumer report requested will be used strictly for employment purposes as defined under §603(h) and authorized under §604(a)(3)(B) of the Fair Credit Reporting Act, as a report to be used for the purpose of evaluation for employment, promotion, reassignment or retention as an employee. I further understand and consent to the furnishing of workers' compensation information, after a conditional job offer, which may include my medical information including any and all injuries pursuant to state law and in compliance with the Federal Americans with Disabilities Act. In addition, I understand that any offer of employment, promotion, reassignment or retention will be conditional upon the receipt of satisfactory information as required by the Company, and that to be considered for employment, promotion, reassignment or retention, I must authorize the procurement of such report(s). A photographic or faxed copy of this form shall be as valid as the original.

The following must be filled out completely and signed for your application to be considered.

LAST NAME _____ FIRST NAME _____ MIDDLE NAME/INITIAL _____

HOME ADDRESS _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

SOCIAL SECURITY NUMBER _____ DRIVER'S LICENSE NUMBER or STATE ID # _____ STATE ISSUED _____ E-MAIL ADDRESS _____

FOR IDENTIFICATION PURPOSES, PLEASE PROVIDE: FULL DATE OF BIRTH _____

HAVE YOU USED ANY NAMES OR SOCIAL SECURITY NUMBERS OTHER THAN ABOVE? Yes No

Please List Other Names Used _____ Please List Other SS Number Used _____

Signature Authorizing the Procurement of the Consumer Report and/or Investigative Consumer Report

TODAY'S DATE _____

I understand that in California, Minnesota, or Oklahoma if a Consumer Report/Investigative Consumer Report (including any Credit Report) was requested, I may order a copy of such report and it will be mailed to me: Yes, please send me a copy of my Report



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PHN: (818) 990-HIRE 4 (800) 990-HIRE 4 FAX: (818) 709-2345

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