



# New Haven Hospice Care, Inc.

9503 Highway 100, Suite 101  
 New Haven, MO 63068  
 PH (573) 237-2878  
 Fax (573) 237-2874

FOR OFFICE USE ONLY	
Hire Date	
Position	
Starting Salary	\$

## Application for Employment

*Please print clearly*

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

APPLICANT INFORMATION			
Last Name		First	MI
Street Address			Apartment/Unit#
City		State	Zip
Phone		Alternative Phone	
Date Available			Desired Salary range or Hourly rate \$
Position Applied For		Type of employment desired Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>	
Are you a citizen of the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO		If no, are you authorized to work in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you ever worked for this company? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, give dates: From _____ To _____	
<p>Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)?  <small>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 accommodations, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.</small></p> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Need more information about the job's "essential functions" to respond			
Will you travel if the job requires it? <input type="checkbox"/> YES <input type="checkbox"/> NO		Will you work over-time if required? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you ever been bonded? <input type="checkbox"/> YES <input type="checkbox"/> NO  <small>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.</small>		Have you ever been convicted or pled guilty to a crime? <input type="checkbox"/> YES <input type="checkbox"/> NO  If "YES" please provide dates 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 <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain:			
Referral Source <input type="checkbox"/> Walk-in <input type="checkbox"/> Employee <input type="checkbox"/> Advertisement <input type="checkbox"/> Company's Website <input type="checkbox"/> Job Fair <input type="checkbox"/> Other			

EDUCATION			
High School		Address	
From	To	Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	Degree
College		Address	
From	To	Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	Degree
Other		Address	
From	To	Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	Degree

REFERENCES <i>Please list any professional references</i>	
Full Name	Relationship
Company	Phone (     )
Full Name	Relationship
Company	Phone (     )
Full Name	Relationship
Company	Phone (     )

SKILLS AND QUALIFICATIONS
Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying:
Is there any other job-related information you want us to know about you?

EMPLOYMENT HISTORY		
Employer	Phone (     )	
Address	Supervisor	
Job Title	Starting Salary	Ending Salary
Responsibilities		
From	To	Reason for leaving
May we contact your previous supervisor for a reference?		
Employer	Phone (     )	
Address	Supervisor	
Job Title	Starting Salary	Ending Salary
Responsibilities		
From	To	Reason for leaving
May we contact your previous supervisor for a reference?		
Employer	Phone (     )	
Address	Supervisor	
Job Title	Starting Salary	Ending Salary
Responsibilities		
From	To	Reason for leaving
May we contact your previous supervisor for a reference?		

**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:

**THIS APPLICATION IS NOT VALID UNLESS SIGNED. READ CAREFULLY BEFORE SIGNING.**

New Haven Hospice Care is an equal opportunity employer and that it is the policy of the business to provide opportunities to all qualified persons without regard to race, color, religious belief, sex, sexual orientation, age, national origin, ancestry, disability, or veteran's status. 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 a basis prohibited by applicable local, state or federal law.

Your social security number may be used for the following purposes: (1) To conduct criminal record checks, (2) To verify information provided in your application, (3) For identification purposes in disciplinary databases. If you fail or refuse to provide your social security number, you will not be considered for employment.

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, resume 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 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.

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.

New Haven Hospice Care conducts background checks on all prospective employees as a condition of employment. Background checks include but may not be limited to: employment history and references; professional certifications and educational requirements; criminal records maintained by the Missouri Criminal Records Repository (MCRR) and any other criminal records databases; the DHSS Employee Disqualification List. A criminal history does not automatically exclude you from employment consideration. By signing below, you authorize New Haven Hospice Care to investigate, obtain, and compile said information.

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my immediate discharge from the employer's service, whenever it is discovered.

Signature

Date



Missouri State Highway Patrol
Criminal Justice Information Services Division

MOVECHS WAIVER AGREEMENT AND STATEMENT

Missouri Volunteer and Employee Criminal History Service (MOVECHS)
For criminal history record information pursuant to the National Child Protection
Act of 1993 (NCPA), as amended by the Volunteers for Children Act (VCA),
And the Adam Walsh Child Protection and Safety Act of 2006

Pursuant to the National Child Protection Act of 1993 (NCPA), as amended by the Volunteers for Children Act
(VCA), this form must be completed and signed by every current or prospective applicant, employee, volunteer,
and contractor/vendor, for whom criminal history records are requested by a qualified entity under these laws.

I hereby authorize New Haven Hospice Care, Inc.
Name of Qualified Entity

to submit a set of my fingerprints to the Missouri State Highway Patrol (MSHP) for the purpose of accessing
and reviewing state and national criminal history records that may pertain to me. I understand that I would be
able to receive any Missouri records pursuant to 43.540 RSMo from the MSHP, and any national criminal history
record directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28 Code of Federal Regulations
(CFR) Sections 16.30-16.34, and that I could then freely disclose any such information to whomever I chose.
By signing this Waiver Agreement, it is my intent to authorize the dissemination of any Missouri and national
criminal history record that may pertain to me to the qualified entity.

I understand that, until the criminal history background check is completed, the qualified entity may choose to
deny me unsupervised access to children, the elderly, or individuals with disabilities. I further understand that,
upon request, the qualified entity will provide me a copy of the criminal history background report, if any,
received on me and that I am entitled to challenge the accuracy and completeness of any information
contained in any such report. I may obtain a prompt determination as to the validity of my challenge before a
final decision is made.

Yes, I have (OR) No, I have not been convicted of or plead guilty to a crime.

If yes, please describe the crime(s) and the particulars:

I am a current or prospective (check one): Applicant Employee Volunteer Contractor/Vendor

Signature: Date:

Printed Name:

Address:

Date of Birth: SSN (last 4 digits - Optional)

TO BE COMPLETED BY QUALIFIED ENTITY:

Entity Name: New Haven Hospice Care, Inc.

Address: 9503 Hwy 100, Suite 101 New Haven, MO 63068

Telephone: (573) 237-2878

NOTE: This document must be retained by the agency/qualified entity for audit purposes.

**APPLICANT REFERENCE CHECK (1)**

To Whom It May Concern:

The applicant named below has submitted an application for employment with our firm. Please verify employment and rate the performance of this candidate. This information will not be given to the employee.

To be filled out by applicant:

Applicant Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Fax: \_\_\_\_\_

I hereby authorize the following information to be released for all previous employers listed. I release you and all persons and organizations from all claims and liabilities of any nature from any information given.

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

To be completed by previous employer:

Date of employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Position Held:  
\_\_\_\_\_

Would you rehire this individual? Yes \_\_\_\_\_ No \_\_\_\_\_

Responsibilities:  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving:  
\_\_\_\_\_  
\_\_\_\_\_

Rate of Pay: (weekly/biweekly/salary): \_\_\_\_\_ + \_\_\_\_\_

Additional comments (training/skills)  
\_\_\_\_\_  
\_\_\_\_\_

Reference check performed by \_\_\_\_\_

**APPLICANT REFERENCE CHECK (2)**

To Whom It May Concern:

The applicant named below has submitted an application for employment with our firm. Please verify employment and rate the performance of this candidate. This information will not be given to the employee.

To be filled out by applicant:

Applicant Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Fax: \_\_\_\_\_

I hereby authorize the following information to be released for all previous employers listed. I release you and all persons and organizations from all claims and liabilities of any nature from any information given.

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

To be completed by previous employer:

Date of employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Position Held:  
\_\_\_\_\_

Would you rehire this individual? Yes \_\_\_\_\_ No \_\_\_\_\_

Responsibilities:  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving:  
\_\_\_\_\_  
\_\_\_\_\_

Rate of Pay: (weekly/biweekly/salary): \_\_\_\_\_ + \_\_\_\_\_

Additional comments (training/skills)  
\_\_\_\_\_  
\_\_\_\_\_

Reference check performed by \_\_\_\_\_