

EMPLOYMENT APPLICATION



Instructions: Complete all necessary information. You may be asked to provide additional information on another form. This application will be kept on file. It is to your advantage to periodically check to keep it current and active. Be sure to sign and date the application. *Please print.*

Name: _____

Social Security #: _____ Ph. #: _____

Address: _____

City/State/Zip: _____

Position applied for: _____ Date you can start: _____

Salary desired \$ _____ an hour. Will you accept full-time work? Yes No Will you accept part-time work? Yes No

EDUCATION BACKGROUND

(Circle highest level completed)

High school: 9 10 11 12
College: 1 2 3 4

California
RN License # _____ HHA License # _____
LVN License # _____ CNA License # _____

PREVIOUS EMPLOYMENT

(List the most recent employer first)

1. Company Name: _____ Position: _____

Supervisor's Name: _____ Position: _____

Address: _____ Phone (____) _____

City: _____ State: _____ Zip: _____

Employed from: _____ to: _____ Last Wage: _____

Reason for leaving: _____

Do you authorize Hospice of San Joaquin to contact this employer Yes No

2. Company Name: _____ Position: _____

Supervisor's Name: _____ Position: _____

Address: _____ Phone (____) _____

City: _____ State: _____ Zip: _____

Employed from: _____ to: _____ Last Wage: _____

Reason for leaving: _____

Do you authorize Hospice of San Joaquin to contact this employer Yes No

3. Company Name: _____ Position: _____

Supervisor's Name: _____ Position: _____

Address: _____ Phone (____) _____

City: _____ State: _____ Zip: _____

Employed from: _____ to: _____ Last Wage: _____

Reason for leaving: _____

Do you authorize Hospice of San Joaquin to contact this employer Yes No

PERSONAL REFERENCES (Other than family members or previous employers)

1. Name: _____ Phone (____) _____

Address: _____

City: _____ State: _____ Zip: _____

Do you authorize Hospice of San Joaquin to contact this individual Yes No

2. Name: _____ Phone (____) _____

Address: _____

City: _____ State: _____ Zip: _____

Do you authorize Hospice of San Joaquin to contact this individual Yes No

OPTIONAL INFORMATION

What foreign languages, if any do you speak fluently: _____

Read: _____ Write: _____

DRIVING HISTORY

Do you currently have a valid driver's license? No Yes, State: _____ ID#: _____

Have you been involved in any motor vehicle accidents No Yes *

While driving the past three years?

Have you ever been convicted of any moving violations in the past five years? NO Yes

* If yes to any of these questions, please explain below, include appropriate details.

PRE-EMPLOYMENT SCREENING AFTER AN ACCEPTED OFFER

References and background checks are required for all employees. Employment is contingent on the results of these pre-employment screenings.

CRIMINAL HISTORY

Have you been convicted of any crime in the past 7 years? No Yes*

*If "yes," please explain below giving date, charge and any other details you feel are appropriate. Please note that a conviction record will not necessarily bar employment. All relevant factors such as seriousness/nature of the infraction and rehabilitation will be considered.

OTHER NECESSARY INFORMATION

Do you have a right to be employed in the U.S.? No Yes (If yes, proof is required)

Are you of legal age to work? No Yes

I understand that the Immigration Reform and Control Act of November 6, 1986 requires me to prove the legality of my residency or citizenship. I am also aware that the failure to provide such proof at the time of request may legally force my termination.

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by the company (including when applicable, motor vehicle records, criminal history and validity of social security number) unless I have indicated to the contrary. I understand that any misrepresentation, falsification or material omission of information on this application may result in my failure to receive an offer or, if I am hired, my dismissal from employment.

Further, I understand that nothing contained in this employment application or in the granting of an interview is to create a contract between me and this company for either employment or the provision of any benefits; and further understand that if an employment relationship subsequently is established, I will have the right to terminate my employment at any time and the company will have a similar right. In addition, I understand that no promise, representation or agreement contrary to the foregoing is binding on the company unless made in writing and signed by me and an authorized representative of the company.

Applicant's signature _____ Date _____

Please return completed & signed application to:
Hospice of San Joaquin
3888 Pacific Avenue
Stockton, CA 95204

Disclosure and Authorization

Hospice of San Joaquin may request, for lawful employment purposes, background information about you from a consumer reporting agency in connection with your employment or application for employment (including independent contractor assignments, as applicable). This background information may be obtained in the form of consumer reports and/or investigative consumer reports (commonly known as "background reports"). These background reports may be obtained at any time after receipt of your authorization and, if you are hired or engaged by Hospice of San Joaquin, throughout your employment or your contract period.

HireRight, Inc., or another consumer reporting agency, will prepare or assemble the background reports for Hospice of San Joaquin. HireRight, Inc. is located and can be contacted by mail at 5151 California, Irvin, CA 92617, and HireRight can be contacted by phone at (800) 400-2761.

The types of information that will be obtained include social security number verifications; address history; criminal records and driving records. This information may be obtained from private and public record sources, including, as appropriate: government agencies and courthouses. You may request more information about the nature and scope of any investigative consumer reports by contacting Hospice of San Joaquin.

If you are a California, Maine, Massachusetts, New York or Washington State applicant, employee or contractor, please also note: CALIFORNIA: Pursuant to section 1786.22 of the California Civil Code, you may view the file maintained on you by HireRight during normal business hours. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at HireRight's offices in person, during normal business hours and on reasonable notice, or by mail. You may also receive a summary of the file by telephone, upon submitting proper identification. HireRight has trained personnel available to explain your file to you, including any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification.

Authorization of Background Investigation

I have carefully read and understand this Disclosure and Authorization and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to preparation of background reports by a consumer reporting agency such as HireRight, Inc., and to the release of such background reports to Hospice of San Joaquin and its designated representatives and agents, for the purpose of assisting Hospice of San Joaquin in making a determination as to my eligibility for employment (including independent contractor assignments, as applicable), promotion, retention or for other lawful employment purposes. I understand that if Hospice of San Joaquin hires me or contracts for my services, my consent will apply, and Hospice of San Joaquin may obtain background reports, throughout my employment or contract period.

I understand that information contained in my employment or contractor application, or otherwise disclosed by me before or during my employment or contract assignment, if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services.

I hereby authorize law enforcement agencies, courts (federal, state and local), motor vehicle records agencies and other sources to furnish any and all information on me that is requested by the consumer reporting agency.

By my signature below, I also certify the information I provided on and in connection with this form is true, accurate and complete. I agree that this form in original, faxed, photocopied or electronic (including electronically signed) form, will be valid for any background reports that may be requested by or on behalf of Hospice of San Joaquin.

Please check this box if you would like to receive (whenever you have such right under the applicable state law) a copy of your background report if one is obtained on you by Hospice of San Joaquin.

Applicant Signature _____
Date

IDENTIFYING INFORMATION FOR REPORTING AGENCY
(Please Print Clearly)

LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME/ INITIAL: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SOCIAL SECURITY NUMBER DRIVER'S LICENSE NUMBER STATE ISSUED

The month, day and year of your birth will be necessary to perform a background screening which is a requirement for employment.
Equal Opportunity Employer.

_____/_____/_____
MONTH DAY YEAR GENDER: Male Female

**EQUAL OPPORTUNITY EMPLOYER
A SUMMARY OF YOUR RIGHTS
UNDER THE FAIR CREDIT REPORTING ACT**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, DC 20580.**

- ❑ **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- ❑ **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - ❑ a person has taken adverse action against you because of information in your credit report;
 - ❑ you are the victim of identity theft and place a fraud alert in your file;
 - ❑ your file contains inaccurate information as a result of fraud;
 - ❑ you are on public assistance;
 - ❑ you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- ❑ **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- ❑ **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- ❑ **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer agency may continue to report information it has verified as accurate.
- ❑ **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- ❑ **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with

a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

- ❑ **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- ❑ **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- ❑ **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- ❑ **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	PLEASE CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words “Federal Credit Union” appear in institution’s name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, MO 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator- GIPSA Washington, DC 20250 202-720-7051