



Hospice

Serving Wapello County Since 1982
Serving Davis County Since 1996

927 E Pennsylvania Ave.
Ottumwa, IA 52501
(P) (641) 682-0684
(F) (641) 684-9209
(E) hospice@hseia.org
(W) hospicewdc.org

Dear Applicant:

We are pleased that you are interested in obtaining employment with Hospice of Davis and Wapello Counties.

We know that 100% of what we do and accomplish is done through the efforts of our staff. Because of this, we look at the recruiting/hiring process as a critical initial step. It is important for you to understand some of the basic principles of our vision, mission, and performance standards so that you can decide if you are genuinely interested in becoming a part of our team. Before you actually complete our application for employment, please take some time to review the statements below. In doing so, you will learn more about Hospice, Serving Davis and Wapello Counties.

Our Mission:

As a community-based organization committed to a unique concept of compassionate care for those who are dying and those who are grieving, our mission is to provide a comprehensive, quality and interdisciplinary program of palliative care and supportive services to the terminally ill, their families, and significant others.

Our Philosophy:

- Hospice affirms life.
- Hospice exists to provide support and care for persons in the last phases of incurable disease so that they might live as fully and comfortably as possible.
- Hospice recognizes dying as part of the normal process of living and focuses on maintaining the quality of remaining life.
- Hospice affirms life and neither hastens nor postpones death.
- Hospice exists in the hope and belief that, through appropriate care and the support of a caring community sensitive to their needs, terminally ill patients and their families may be free to attain a degree of mental and spiritual preparation for death that is satisfactory to them.
- Hospice offers palliative care to all terminally ill patients and support to those patients and their families without regard for diagnosis, gender, sexual orientation, national origin, race, creed, disability, age, place of residence, or the ability to pay.

What our staff want in team members:

- A strong team spirit of working together and mutual support
- Honesty, sincerity, and respect for one another, our patients, and their families
- Pride in our profession and life's work
- Professional and technical ability
- Caring attitude toward patients, caregivers, and each other
- Willingness to go above and beyond to insure exceptional patient care
- Flexibility and patience
- Strong self-confidence and self-esteem
- Communication skills (listening, understanding, expression)
- Sense of humor
- Positive motivation/attitude
- Balance in our lives
- Being a part of "the Hospice family"

If you are still interested in pursuing employment after reviewing our mission and philosophy, and what fellow staff members want in our "Hospice family", please complete the attached application and return it to Hospice.

*"You matter to the last moment of your life, and we will do all we can, not only to help you die peacefully, but to **live until you die.**"*

Dame Cicely Saunders – Founder of the First Modern Day Hospice in London, England



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APPLICATION FOR EMPLOYMENT

PLEASE PRINT CLEARLY AND COMPLETE APPLICATION EVEN IF YOU ATTACH A RESUME

WE ARE AN EQUAL OPPORTUNITY EMPLOYER. This Agency is committed to the policy of equal employment opportunity in recruitment, hiring, career advancement, and all other personnel practices. Your job-related experience and other qualifications will be considered without discrimination on grounds of race, gender, sexual orientation, disability, religion, age, color, national origin or ancestry, or other factors which cannot be lawfully used as a basis for an employment decision. All other information provided in this application will be treated confidentially, and will be used only to help assure the best use of your abilities if you are employed by us.

Read the following instructions carefully before completing this application for employment.

All requested information must be furnished. Fill in all spaces accurately and completely. If an item does not apply to you, or if there is no information to be given, write in the letter "NA" for "not applicable".

All information contained on the application is subject to verification. Any omissions or erroneous statements may be cause for rejection of this application, removal from eligibility, or discharge from the Agency.

PERSONAL DATA

(PRINT or TYPE)

Date _____

LEGAL NAME _____
Last First Middle Maiden

ADDRESS _____
Street or P.O. Box City State Zip

TELEPHONE Home () _____ Cell () _____ Message () _____

In case of emergency notify: _____ Telephone () _____

Are you over the age of 18? + Yes + No

Have you filed an application with Hospice before? + Yes + No If yes, indicate position applied for and dates:

Have you been employed by Hospice before? If yes, indicate position employed in and dates:

If employed, can you provide proof of U.S. citizenship, immigration, or visa status which permits you to be employed in the U.S.? + Yes + No

Have you been convicted of a felony or misdemeanor within the past five years? (include military convictions)*
+ Yes + No If yes, please explain where, when, and reason:



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*Hospice is required by Medicare to conduct a criminal background check/dependent adult abuse check on all employees.

An automobile in good working condition, proof of current insurance coverage, and a current driver's license are required for most positions within Hospice.

Do you own a vehicle in good working condition? + Yes + No

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

Have you had any moving violations within the past five years? + Yes + No If yes, please list details.

Can you provide on-going proof of vehicle insurance coverage? + Yes + No

EMPLOYMENT DESIRED

Position for which you are applying: _____

Date available to begin work: _____ Minimum hourly wage/salary you would accept _____

Are you available to work + Full-time + Part-time + PRN + Days + Evenings + Nights + Weekends

PLEASE NOTE

Hospice is a small agency, and as such, employees may perform many job duties not specifically related to their job title. Hospice operates twenty-four (24) hours a day, seven (7) days a week. Assignment of shifts, location, days off and other conditions of employment are generally made on basis of availability, tenure, and ability in each job classification. Each employee is required to comply with staffing assignments. As work changes/staffing levels occur within Hospice, employees may be required to change shifts, locations, and/or days worked temporarily, or on a regular basis. Nursing staff will be required to be cross-trained to work either in the Hospice House or in-home.

EDUCATION/TRAINING

Circle the highest grade level complete in school: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16+
 High school diploma or GED? + Yes + No

Give the following information about the schools you have attended:

SCHOOL	NAME & LOCATION	GRADUATED		DEGREE RECEIVED	AVERAGE GRADE	COURSE OF STUDY/MAJOR
		YES	NO			
High School		+	+			



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College/University		+	+			
Graduate School		+	+			
School of Nursing		+	+			
School of Social Work		+	+			
Other		+	+			

List or describe any school courses, specialized training, or apprenticeship programs that relate to the position for which you are applying:

List any clubs, organizations, or community service that contribute to your qualifications for the position for which you are applying, as well as dates of membership and offices held:

Professional License, Registration or Accreditation TYPE	NUMBER	STATE	EXP. DATE
DRIVER'S LICENSE (REQUIRED FOR THE JOB)			
Clerical Skills (if applicable) Check all that apply + Typing wpm _____ + Multi-line Phones _____ + 10-Key + Accounting/Bookkeeping + Spreadsheets	Microsoft Word + Beg. + Int. + Adv. + Quickbooks	Microsoft Excel + Beg. + Int. + Adv. + Outlook + Outlook Express	Microsoft Access + Beg. + Int. + Adv. + Data Entry
		Insurance Billing + Medicare + Medicaid (T-19) + Priv. Ins.	Insurance Coding + ICD-9 + CPT + HCPCS



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EMPLOYMENT HISTORY

Beginning with your present job (or immediate past job if unemployed) give the following information for the last 10 years of employment history:

Company _____ Position _____

Address _____ Phone () _____

Employed from _____ to _____ Supervisor's Name & Title _____
mm/yy mm/yy

Final Salary \$ _____ + Hourly + Monthly + Yearly Status: + Full-time + Part-time + PRN

Specific Duties: _____ May we contact? + Yes + No

To assist us in securing employment references, list other names used at this job: _____

Company _____ Position _____

Address _____ Phone () _____

Employed from _____ to _____ Supervisor's Name & Title _____
mm/yy mm/yy

Final Salary \$ _____ + Hourly + Monthly + Yearly Status: + Full-time + Part-time + PRN

Specific Duties: _____ May we contact? + Yes + No

To assist us in securing employment references, list other names used at this job: _____

Company _____ Position _____

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Employed from _____ to _____ Supervisor's Name & Title _____
mm/yy mm/yy

Final Salary \$ _____ + Hourly + Monthly + Yearly Status: + Full-time + Part-time + PRN

Specific Duties: _____ May we contact? + Yes + No

To assist us in securing employment references, list other names used at this job: _____

Company _____ Position _____

Address _____ Phone () _____

Employed from _____ to _____ Supervisor's Name & Title _____
mm/yy mm/yy

Final Salary \$ _____ + Hourly + Monthly + Yearly Status: + Full-time + Part-time + PRN

Specific Duties: _____ May we contact? + Yes + No

To assist us in securing employment references, list other names used at this job: _____

Use another sheet of paper if necessary to list additional employment history.

Have you ever supervised other employees? + Yes + No If yes, please indicate which job and the number of employees:

Have you ever been discharged or asked to resign from a job? + Yes + No If yes, please explain:



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Do you have a record of founded child or dependent adult abuse? + Yes + No If yes, please explain:

Have you ever been convicted of a crime in this state or any other state? + Yes + No If yes, please explain:

I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this information is grounds for refusal to hire or, if hired, dismissal. 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 and release all such parties from all liability for any damage that may result from furnishing such information to you. I authorize you to request and receive such information. In consideration for my employment and my being considered for employment by your company, I agree to conform to the rules and regulations of the organization and acknowledge that these rules and regulations may be changed, interpreted, withdrawn, or added to by this organization at any time at the organization's sole option and without any prior notice to me. I further acknowledge that my employment maybe terminated, and any offer of employment, if such is made, may be withdrawn, with or without cause, and with without prior notice, anytime, at the option of the organization or myself. I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Hospice and myself for either employment or providing of any benefits.

I understand that any offer of employment is conditioned upon verification of references, licensure, and satisfactory criminal background and dependent adult abuse check. My signature below indicates that I am aware that criminal history and dependent adult abuse background checks will be conducted.

I understand that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or assure or make some other personnel move, either prior to commencement of employment or after I have become employed, or assure any benefits or terms and conditions of employment, or make any agreement contrary to the foregoing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time, with proper notice, and that Hospice retains the right to terminate my employment at its discretion.

I understand that Hospice has a "Tobacco Free" campus, and as such, tobacco use is not allowed on the property, including in the building and anywhere on the grounds.

I acknowledge that I have been advised that this application will remain active for no more than 90 days from the date it was made.

Signature

Date