



Application For Employment

PLEASE FILL OUT THE APPLICATION COMPLETELY

Position Desired: 1.) _____
2.) _____
3.) _____

Check the type of employment for which you are applying:

Full-time Part-time (_____hours/week) On-call/PRN

Salary desired: _____ Date available for work: _____

How were you referred to Hospice of Salina? _____

PERSONAL DATA

Name: _____ Social Security #: _____
Last First MI

Current Address: _____ Phone: () _____ (home)
Street

_____ Phone: () _____ (work)
City State Zip

♦Have you ever been convicted of a criminal offense other than minor traffic offenses or been exclusion actions:
 Yes No If yes, please explain: _____

♦Are you either a U.S. citizen or an alien authorized to work in the United States? Yes No

♦Are you legally old enough for the job for which you have applied? Yes No

♦Have you applied here before? Yes No If yes, give date: _____

♦Have you ever worked here before? Yes No If yes, give date: _____

♦Can you safely perform the essential functions of the position for which you are applying? Yes No

If no, please explain: _____

♦Are there any accommodations you would require Hospice to make regarding the work duties/responsibilities of the position for which you are applying? Yes No If yes, please explain: _____

EDUCATIONAL DATA

Circle the highest year completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 16+

School	Name & Location	Did you graduate?	Degree or Major Area of Study
High School			
College(s)			
School of Nursing			
Technical, Professional, Or Business School			

SKILLS & ABILITIES

License or Registration _____ Profession: _____

Kansas License or Registration # _____ Form # _____ Expires: _____

Clerical Workers: Typing Speed _____ wpm

◆List any special skills, abilities or experience that may relate to this position:

EMPLOYMENT HISTORY

♦Do you have any relatives employed by Hospice of Salina, Inc.? Yes No
 If yes, give name and relationship: _____

♦Under what other name(s) have you previously been employed or attended school?

FORMER EMPLOYERS					
DATE Month & Year	Name & Address of Employer	Phone Number	Salary	Position	Reason for Leaving

♦May we contact previous employers for reference? Yes No

♦May we contact your present employer for reference? Yes No

♦May we contact you at work? Yes No

Hospice of Salina, Inc. does not discriminate in hiring or employment on the basis of race, color, creed, national origin, sex or age. Qualified handicapped individuals will be given reasonable accommodation for employment and advancement unless such an accommodation would impose an undue hardship on the conduct of the employer’s business. No question on this application is intended to secure information to be used for such discrimination.

I certify that the statements I have made in this application are correct, and understand that misrepresentation of facts may result in rejection of this application. Further, if employed, I understand that any false information or omission of facts called for in this application may result in termination without notice.

I authorize Hospice of Salina to investigate any or all statements in this application.

 Signature of Applicant

 Date of Application

Mission Statement

The mission of Hospice of Salina is to provide supportive and palliative holistic care for persons with terminal illness and their families, to relieve suffering, affirm the dignity of life, and enable the patient/family to live as fully and comfortably as possible.

To fulfill this purpose, Hospice of Salina will direct its efforts to:

- ❖ Serve persons with terminal illness and their families within the service area.
- ❖ Utilize a team of health care professionals to include physicians, nurses, social workers and chaplains in provision of care.
- ❖ Recruit, train and retain volunteers to assist in provision of services to patients and families.
- ❖ Coordinate a program of care for the person with terminal illness and his/her family which is patient/family centered and designed to meet the patient's and family's physical, social, psychological and spiritual needs, emphasizing relief of distressing symptoms.
- ❖ Refer appropriately to ensure continuity of care to patients outside the referral area.
- ❖ Provide a bereavement program and offer support to surviving family members for a period of at least one year following the patient's death.
- ❖ Promote the principles of the hospice concept of care and available services among the public and health care professionals.



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