



Harbor Hospice
Application for Employment
Harbor Hospice is an Equal Opportunity Employer

Harbor Hospice
1050 W. Western Ave., Suite 400
Muskegon, MI 49441
Muskegon Co. (231) 728-3442
Mason (231) 845-5060
Oceana Co. (231) 873-0359
Ottawa Co. (616) 844-3330
Toll Free (800) 497-9559

Date of Application:
Referral Source: Advertisement Friend Relative Walk-In Employment Agency Other

PERSONAL INFORMATION

Name Last First Middle

Address Street City State Zip

Phone # Are you 18 years or older? Yes No

Your email address:

Describe any U.S. Military Service:

Branch Rank Nature Date of Discharge

Do you have transportation? Yes No

Have you previously had any licensure sanctions? Yes No If so, when and explain circumstances:

Have you ever been convicted of a crime (misdemeanor or felony) or are you presently charge with a felony? Yes No If so, where when and explain circumstances.

Have you previously been excluded from any Federally Funded health plans? Yes No If so, when and explain circumstances:

EMPLOYMENT DESIRED

Position/Shift Date you can start Salary desired

Are you employed now? Yes No If so, may we inquire of your present employer?

Have you ever applied to this organization before? Yes/No When

Have you ever worked for this organization before? Yes/No When

Relatives employed by organization? Yes No Who?

Do you have any activities, commitments or responsibilities (for example, school, other employment, etc.) that might interfere with your ability to work full time, including overtime, in the position for which you are applying? If so, explain:

FORMER EMPLOYMENT – List below last three employers, starting with the most recent.

1.	Employer _____	Dates Employed (Month & Year)
	Address _____	From _____ to _____
	Supervisor _____	Ph: () _____
	Position/Job Title _____	Work Performed _____
	Salary \$ _____ per _____	
	Reason for Leaving _____	
	May We Contact This Employer	___ Yes ___ No
2.	Employer _____	From _____ to _____
	Address _____	Ph: () _____
	Supervisor _____	
	Position/Job Title _____	Work Performed _____
	Salary \$ _____ per _____	
	Reason for Leaving _____	
	May We Contact This Employer	___ Yes ___ No
3.	Employer _____	From _____ to _____
	Address _____	Ph: () _____
	Supervisor _____	
	Position/Job Title _____	Work Performed _____
	Salary \$ _____ per _____	
	Reason for Leaving _____	
	May We Contact This Employer	___ Yes ___ No

What special skills or knowledge do you have that will aid you in qualifying for employment?

EDUCATION

	NAME AND LOCATION OF SCHOOL	NUMBER OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
High School	_____			
College	_____			
Trade, Business or Correspondence School	_____			

REFERENCES – Give names of three persons, not related to you, that you have worked with for at least one year.

Name	Phone Number	Business	Acquainted
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

READ CAREFULLY AND SIGN BELOW IF YOU AGREE
TO THESE TERMS OF EMPLOYMENT

I affirm that all statements I have made on this employment application are true and complete. I understand that any false or misleading statements or material omissions may result in the denial of employment or, if I am employed, in the termination of my employment.

I agree that my employment with Harbor Hospice will be at will and may be terminated by me or the organization at any time, with or without cause and with or without notice. I agree that no one other than the Executive Director of the organization in a written contract has any authority to limit the company's right to terminate employment at will, or to offer employment other than on an at-will basis.

I agree that I will not disclose to anyone or use for my own purposes any of the company's confidential or proprietary information, either during or after my employment, except at the request and for the benefit of the company. I agree that information about the company's customers, vendors, sources of supply, pricing, costs, and other financial information, services, methods or operation, marketing, and the like is confidential and proprietary information that belongs to the company. If my employment with the organization ends, I will not retain any copies or summaries of any such information, but will promptly return all such information to the company. I also agree that I will disclose and assign to the organization any invention, design or process that I conceive or develop while employed by the organization relating to the company's business or to any product or service offered or being developed by the company, and that all such inventions, designs or processes belong to the company.

I understand that any offer of employment is contingent upon the successful completion of a background check, drug screen and physical examination.

I agree to submit to physical examinations permitted by law after an employment offer has been made and during my employment, at the request and expense of the company. I agree to disclose all information lawfully requested at such examinations about my physical and mental condition and medical history. I also agree that after I have been offered employment and during my employment, at the request and expense of the company, I will cooperate in such lawful medical test (including blood, urine, or other testing) as the organization requests to check for drugs or alcohol in my system. I waive any claims against the organization or its agents or any testing agency retained by the organization or its agents relating to any such testing, or from lawful decisions made regarding my employment or termination of employment based upon the results of such testing or analysis.

I agree that except as prohibited by law the organization may, during or after my employment, disclose or discuss any information or opinions relating to me or my employment to employees of the organization or their parties. I waive written or other notice of any such disclosure, including disclosure of disciplinary matters, and I waive any claims against the organization or its agents relating to any such disclosure or discussion.

I agree that I will not commence any action or lawsuit relating to my employment or application for employment with Harbor Hospice more than 6 months after the employment action that is the subject of the action or lawsuit, and I agree to waive any statute of limitations to the contrary. I understand that this means that even if the law would give me the right to wait a longer time to make a claim, I am freely and knowingly waiving that right, and that any claims not brought within 6 months after relevant employment action will be barred.

I agree to the above terms of employment. I agree that if any of the above terms is ever found to be legally unenforceable as written, such invalidity will not affect the validity of the rest of this agreement, and such term shall be limited to allow its enforcement as far as legally possible. I agree that no one other than the Executive Director, by a written directive, has any authority to modify the above terms of employment, or to make any exception to them, or to offer employment on any other terms.

I agree that I will be bound by and will adhere to any other rules and policies issued by the company, including all rules and policies contained in the company's employee handbook.

Date: _____ Signature of Applicant: _____

I authorize and request my former employers, references and educational institutions that have information about me to give Harbor Hospice any information and opinions about me in their possession and which may lawfully be disclosed. I hereby waive written notice of the release of such information and opinions, including the release of information concerning disciplinary matters, and I release such former employers, references and educational institutions from any liability or claim relation to such release of information and opinions. I also authorize and request federal, state, and local governmental agencies to release to Harbor Hospice any information requested concerning any criminal convictions on my record. I release such federal, state and local governmental agencies from any liability or claim relating to such release of information. A photocopy of this signed authorization and waiver will be valid as an original.

Date: _____ Signature of Applicant: _____