

HOSPICE OF THE NORTH COUNTRY

APPLICATION FOR EMPLOYMENT (AN EQUAL OPPORTUNITY EMPLOYER)

Position Desired (This area must be completed): _____

Today's Date: _____

1. _____ 2. _____

Salary Desired:\$ _____

PERSONAL & GENERAL INFORMATION

Last Name	First Name	Middle Name	Area Code/Telephone
Street Address	City	State	Zip
<i>Please indicate source of referral:</i> <input type="checkbox"/> Personal Initiative <input type="checkbox"/> National Publication <input type="checkbox"/> Another Company <input type="checkbox"/> Intergraph Employee <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> State Employment Agency <input type="checkbox"/> College Campus Recruiter <input type="checkbox"/> Private Employment Agency <input type="checkbox"/> Other			*Name of agency, publication, company, or other source
Which work schedule do you desire?	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	Do you have relatives employed at Hospice? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list names and how related below.
Are you on lay-off and subject to recall?	<input type="checkbox"/> Temporary	<input type="checkbox"/> Summer	
Will you work overtime if required?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Which shifts will you work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Will you travel if job requires?	<input type="checkbox"/> First	<input type="checkbox"/> Second	
Will you relocate if job requires?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you under age 18?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever been employed with Hospice? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give the dates employed and under what name.		Are you a U.S. Citizen or eligible to work in the U.S. on a full-time basis? <input type="checkbox"/> Yes <input type="checkbox"/> No If not a U.S. Citizen, provide the following information: Type of VISA held _____ Alien Registration No. _____	

REFERENCES

List **2 professional** references familiar with your technical ability and work performance and **1 personal** reference whom we may contact (exclude relatives).

Name (Last, First, Middle)	Address (City, State, Zip)	Area Code/Telephone Number

Have you ever been convicted of a crime? (You may omit minor traffic violations or arrests without convictions. Include convictions while in the military service.) Yes No If yes, please complete below:

Date	Conviction	Place	Court

*Conviction of a crime is not an automatic ban to employment - all circumstances will be considered.

EMPLOYMENT HISTORY

Please complete *all* sections asking for information. Note any periods for which you were not employed.

EMPLOYER (Present or Most Recent)		Street Address, City, State, Zip			
Your Job Title		Supervisor Name and Title			
Description of your duties:					
From (Mo/Yr)	To (Mo/Yr)	Base Pay:	Starting	Final	Reason for Leaving
		\$	Per	\$	Per
May we contact this employer for references? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please enter Area Code/Telephone No. below:					
EMPLOYER		Street Address, City, State, Zip			
Your Job Title		Supervisor Name and Title			
Description of your duties:					
From (Mo/Yr)	To (Mo/Yr)	Base Pay:	Starting	Final	Reason for Leaving
		\$	Per	\$	Per
May we contact this employer for references? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please enter Area Code/Telephone No. below:					
EMPLOYER		Street Address, City, State, Zip			
Your Job Title		Supervisor Name and Title			
Description of your duties:					
From (Mo/Yr)	To (Mo/Yr)	Base Pay:	Starting	Final	Reason for Leaving
		\$	Per	\$	Per
May we contact this employer for references? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please enter Area Code/Telephone No. below:					

EMPLOYER		Street Address, City, State, Zip					
Your Job Title			Supervisor Name and Title				
Description of your duties:							
From (Mo/Yr)	To (Mo/Yr)	Base Pay:	Starting	Final	Reason for Leaving		
		\$	Per	\$	Per		
May we contact this employer for references? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please enter Area Code/Telephone No. below:							
EMPLOYER		Street Address, City, State, Zip					
Your Job Title			Supervisor Name and Title				
Description of your duties:							
From (Mo/Yr)	To (Mo/Yr)	Base Pay:	Starting	Final	Reason for Leaving		
		\$	Per	\$	Per		
May we contact this employer for references? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please enter Area Code/Telephone No. below:							

EDUCATION

Attach transcripts of academic records if readily available (YOUR EDUCATIONAL CREDENTIALS WILL BE VERIFIED)

Schools Attended	Name and Address	From (Mo/Yr)	To (Mo/Yr)	Major field of study	Did you graduate?	Grade Pt. Average (e.g. 3.2/ 4.0)	Degree and Date Received
High School							
College							
Graduate							
Trade or Technical							
Thesis or significant research in Graduate School or Ph.D program:							

APPLICATION AGREEMENT

Please read the following statements carefully. They constitute the conditions for employment with Hospice of the North Country and all its subsidiaries, affiliates and divisions:

If employed by us, in the course of your work you will necessarily acquire confidential information, trade secrets and customer lists. You agree that you will not communicate or disclose any such information to anyone or yourself use the information outside the Company. This limitation shall apply both during your employment and subsequent thereto.

If you wish to be employed by us, you must agree to certain restrictions on your work and activities. By accepting employment with us, you specifically agree that:

- (a) So long as you are employed by us, you will not engage in any work that is any way competitive with our activities or with those of our affiliated companies, directly or indirectly, and you will devote your full energies to your employment with us.
- (b) After termination of your employment with us, you will not solicit business from our customers or companies that were our customers during the term of your employment. This limit shall be for a period of two years and shall apply to all solicitations, direct or indirect, or through another employer. Further, you will not solicit or offer employment or employ any of our employees. Since violation of this condition would cause us irreparable damage, you consent, in the event of any threatened or actual violation by you, that we may obtain an injunction prohibiting such actions.
- (c) After termination, all work done by you during your employment is the property of the agency and will not be destroyed.

I hereby state that all the information contained in this application for employment is true and that any misrepresentation or omission of facts called for is cause for denial of employment or dismissal. And by submission of this application, I authorize Hospice to investigate all statements contained in the application. I further authorize any previous employer or educational institution to release such information to Hospice in connection with this application.

I understand that regular employment depends upon a need for my services, satisfactory replies from my references and a favorable report from any required medical examination, and that regular employment depends upon successful completion of my initial ninety (90) days of employment. My employment with Hospice is voluntarily entered into and is not for a specified period of time. As a result, I am free to resign at any time, for any reason or for no reason. Similarly, Hospice is free to conclude its "at will" employment relationship with me at any time, with or without cause.

In consideration of my employment, I agree to conform to the rules and regulations of the Hospice organization.

I understand that no manager or representative of Hospice has the authority to enter into any agreement for employment for any specified period of time. I also understand that company booklets describing benefits and the employee handbook are not intended to be contracts of employment and may be altered, amended, discontinued, or modified as Hospice sees fit and appropriate.

Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, shift work, rotating work schedules, travel, or a work schedule that includes Saturday and Sunday. I understand and accept these as conditions of my continuing employment.

Signature of Applicant

Date

WE WILL REVIEW YOUR QUALIFICATIONS AND WILL MAKE EVERY EFFORT TO REACH A DECISION AS QUICKLY AS POSSIBLE. THIS APPLICATION WILL BECOME INACTIVE IN ONE YEAR.