

Please print this form and sign it. Forward it to the Big Bend Hospice Human Resources Department by either fax, mail or in person only. No emails please.
Human Resources Department, 1723 Mahan Center Boulevard, Tallahassee, FL 32308
Telephone (850) 878-5310 • Fax (850) 325-6290

EMPLOYMENT APPLICATION



Big Bend Hospice
your hometown hospice, licensed since 1983

"The mission of Big Bend Hospice is to provide compassionate care to individuals with a terminal illness, comfort their families, and emotional support to anyone who has lost a loved one."

A completed application is required. "See Resume" is not acceptable.
However a copy of the resume may be submitted along with the application

Position Applying for: _____

PERSONAL

What counties are you able to work in?

Leon Liberty Jefferson Wakulla Franklin Taylor Gadsden Madison

Name: _____ Social Security _____
Last First Middle

Present Address: _____ How long have you lived there?

Street and Number _____ City/State _____ Zip _____ Years _____ Months _____

Previous Address:

Street and Number _____ City/State _____ Zip _____ Years _____ Months _____

Telephone Number

Home: _____ Cell: _____ Email: _____

Are you 18 years of age or older? Yes No

Have you ever worked for this company before? Yes No

If yes, please give dates and position: _____

Do you have any friends or relatives working here? Yes No

If yes, Name: _____

Relationship: _____

Referring employee's name (if applicable): _____

Have you ever pled guilty or "no contest" to a crime, been convicted of a crime, had adjudication withheld, prosecution deferred or do you have any criminal charges pending? Yes No

If yes, please give date and details of each:

NOTICE TO APPLICANTS: Big Bend Hospice is a Drug-Free Workplace and a drug screen will be required as a pre-requisite for employment and/or continued employment. A negative drug test is a condition of employment.



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Have you ever been terminated? Yes No

If yes, please explain circumstances:

Please explain fully any gaps in your employment history:

EDUCATION

	School Name/Location	Years Completed	Degree	Study or Major
Elementary				
High School				
College/University				
Graduate/Professional				
Trade/Correspondence				
Other				

Please list licensure, registration, certification (ex: RN, LPN, HHA, LCSW, Ordination, etc.)

1. _____ # _____ Date Received _____ Expiration Date: _____

2. _____ # _____ Date Received _____ Expiration Date: _____

3. _____ # _____ Date Received _____ Expiration Date: _____

If a license or certificate holder, have you ever received disciplinary action? Yes No

Do you have any action currently being taken or pending against your professional license? Yes No

PERSONAL REFERENCES

(No relatives)

Name	Relationship	Address	Telephone Number

This application will be considered active for a maximum of thirty (30) days. If you wish to be considered for employment after that time, you must reapply.



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Please list the names of your present or previous employers in chronological order with present or last employer first. Be sure to account for all periods of time including any period of unemployment. If necessary, add additional pages.

Present/Past Employer	From	Position	Reason for leaving
Address			
City/State/Zip	To	Supervisor	
Telephone			
Duties and Responsibilities:			

Previous Employer	From	Position	Reason for leaving
Address			
City/State/Zip	To	Supervisor	
Telephone			
Duties and Responsibilities:			

Previous Employer	From	Position	Reason for leaving
Address			
City/State/Zip	To	Supervisor	
Telephone			
Duties and Responsibilities:			

Previous Employer	From	Position	Reason for leaving
Address			
City/State/Zip	To	Supervisor	
Telephone			
Duties and Responsibilities:			

Previous Employer	From	Position	Reason for leaving
Address			
City/State/Zip	To	Supervisor	
Telephone			
Duties and Responsibilities:			



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EQUAL OPPORTUNITY EMPLOYER APPLICANT'S STATEMENT

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at will at any time with or without notice or reason, and the Company has the same right. No one other than the President of the Company has authority to modify this relationship or make any agreement to the contrary. Any such modification or agreement must be in writing.

I understand that the Company reserves the right to require me to submit to a drug test at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by law. I further understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company all records and other information pertinent to my employment with them. I release my previous employers from any liability as a result of their disclosure of information about me to the Company. I also authorize the Company to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold it harmless for providing such information.

I further understand that if employed I will be on a 90-day introductory period, and that termination for unsatisfactory performance during that period will not result in any Company responsibility for unemployment benefits. I further understand that completion of the introductory period does not confer any expectation that if I am employed and any such information is later found to be false or misleading in any respect, I will be dismissed.

I certify that I have received a written notification that the Company may obtain a consumer report or reports on me. I authorize this Company to obtain such a report or reports for use in connection with my application for employment and for other employment-related reasons. If hired, this authorization shall remain on file and serve as ongoing authorization for procurement of employment-related consumer reports at any time during my employment. I understand that the term "consumer report" includes, but is not limited to, credit checks, criminal background checks, Department of Motor Vehicles reports, and investigative consumer reports. I further understand that the term "investigative consumer report" means a report in which information on my character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with my neighbors, friends, or associates, or with others with whom I am acquainted or who may have knowledge concerning any such items of information.

I HEREBY CERTIFY that all of the information that I have provided in this application is true and accurate.

Date

Signature of Applicant (please print out form and sign)

This company is an equal opportunity employer and does not discriminate because of race, color, religion, sex, age, citizenship, marital status, disability, national origin, veteran status, genetic information, pregnancy, sexual orientation, gender identity, or any other protected category.

YOUR NAME: _____

POSITION TITLE FOR WHICH YOU ARE APPLYING: _____

VETERANS' PREFERENCE INFORMATION: (Career Service positions only) For the purposes of appointment, retention, reinstatement, reemployment and promotion, Veterans' Preference ensures that veterans and eligible persons are given consideration at each step of the selection process. However, preference does not guarantee that a veteran or other eligible person will be the candidate selected to fill the position. Section 295.07, Florida Statutes (.S.) specifies who is eligible for Veterans' Preference. State of Florida residency is not required for Veterans' Preference. Completion of the Veterans' Preference section below is voluntary and will be kept confidential in accordance with the Americans with Disabilities Act. Listed below are the seven Veterans' Preference categories.

- a. A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administered by the U.S. Department of Veterans' Affairs and the Department of Defense. [section 295.07(1)(a), F.S.]
- b. The spouse of a veteran who cannot qualify for employment because of a total and permanent service-connected disability, or the spouse of a veteran missing in action, captured, or forcibly detained or interned in line of duty by a foreign government or power. [section 295.07(1)(b), F.S.]
- c. A wartime veteran as defined in section 1.01(14), .S., who has served on active duty for one day or more during a wartime period or who has served in a qualifying campaign or expedition. Active duty for training shall not qualify for eligibility under this paragraph. [section 295.07(1)(c), F.S.]
- d. The un-remarried widow or widower of a veteran who died of a service-connected disability. [section 295.07(1)(d), F.S.]
- e. The mother, father, legal guardian, or unremarried widow or widower of a member of the United States Armed Forces who died in the line of duty under combat-related conditions, as verified by the United States Department of Defense. [section 295.07(1)(e), F.S.]
- f. A veteran as defined in section 1.01(14), .S., excluding active duty for training. [section 295.07(1)(f), F.S.]
- g. A current member of any reserve component of the United States Armed Forces or the Florida National Guard. [section 295.07(1)(g), F.S.]

All applicants claiming Veterans' Preference must submit a DD Form 214 (member copy #4) or comparable discharge, separation or current reserve documentation that indicates the character of service as honorable. In addition, all applicants claiming Categories a, b, d, or e above must also furnish supporting documentation in accordance with the provisions of Rule 55A-7 Florida Administrative Code. Please fax your supporting documentation to Big Bend Hospice at (850) 309-1639 by the closing date of the job announcement. Be sure to include the position number for which you are applying on each page submitted. All required documents must be submitted no later than the closing date of the job announcement.

Under Florida law, preference in appointment shall be given first to those persons in Categories a or b and then to those in Categories c, d, e, f or g. If a qualified applicant claiming Veterans' Preference believes he/she was not afforded employment preference, he/she may file a complaint with the Florida Department of Veterans' Affairs, Veterans' Preference, P. O. Box 31003, St. Petersburg, FL 33731. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the employing agency or within 3 months of the date the application is filed with the employer if no notice is given.

VETERANS' PREFERENCE CLAIM: IF ELIGIBLE, WHICH VETERANS' PREFERENCE CATEGORY ABOVE ARE YOU CLAIMING? ☐

ARE YOU CURRENTLY EMPLOYED WITH THE AGENCY TO WHICH YOU ARE CURRENTLY APPLYING? YES NO

HAVE YOU RECEIVED A PROMOTIONAL APPOINTMENT IN A CAREER SERVICE POSITION, SUBSEQUENT TO ACTIVE MILITARY SERVICE, WITH THE AGENCY TO WHICH YOU ARE CURRENTLY APPLYING? YES NO

This section SHOULD be removed prior to the selection process.

EEO SURVEY Although the following information is not mandatory, it is requested to aid Big Bend Hospice in its commitment to Equal Employment Opportunity, Affirmative Action and to meet federal reporting requirements. Refusal to answer will not result in adverse treatment of any applicant. Applicants who believe they have been discriminated against may file a complaint with the Florida Commission on Human Relations, 2009 Apalachee Parkway, Tallahassee, FL 32301.

RACE/ ETHNICITY (Please identify both Race and Ethnicity)

Race (CHECK ONLY ONE):

Ethnicity (CHECK ONLY ONE):

White

Hispanic or Latino

Black/African American

Not Hispanic or Latino

Asian

Native Hawaiian/Other Pacific Islander

American Indian/Alaska Native

2 or more races

Sex: Male Female

Date of Birth: _____

Position Title for which you are applying: _____