



HOSPICE
RED RIVER VALLEY

APPLICATION FOR EMPLOYMENT

HRRV is an equal opportunity employer and considers all applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, status with regard to public assistance, membership or activity in a local commission, participation in lawful activity off the employer's premises during non-work hours which is not in direct conflict with the essential business-related interests of the employer, or any other legally protected status under local, state or federal law. All offers of employment with HRRV are conditioned on satisfactory completion of post-offer, pre-employment drug testing and background checks.

NOTE: Application must be completed in full, even if attaching a resume.

Date: _____ Telephone (_____) _____ Cell Phone: (_____) _____

Name _____
(First/Middle Initial/Last)

Present Address: _____
(Street) (City) (Zip)

Email address _____

Are you legally eligible to work in the United States? Yes ___ No ___ Do you have a valid drivers license? Yes ___ No ___
(Proof of citizenship or immigration status will be required upon employment) (For driving positions only)

How did you hear about us? Newspaper Ad _____ Website _____ Other _____

Position(s) applied for? _____

HRRV Office location: Detroit Lakes Fargo Grand Forks
 Lisbon Mayville Thief River Valley City

Rate of pay expected \$ _____ per hour On what date would you be able to start employment? _____

Would you work: days? evenings? nights? weekends?

Are you interested in full-time? part-time I ? part-time II ? PRN ?
(32-40 hours/week) (20-31 hours/week) (less than 20 hours/week) (scheduled as needed)

Have you ever filed an application with us before? Yes ___ No ___ If yes, when? _____

Have you ever worked for us before? Yes ___ No ___ If yes, when? _____ What position? _____

Applicable Licenses: RN since _____ LPN since _____ CNA since _____ Social Worker since _____
State currently licensed in? _____ (MN and ND license/certification is required upon hire)

Chaplains: Ordained Ministerial license Ordered
Name of credentialing body? _____

RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Last Year Completed	Did you Graduate?	List Diploma or Degree
High School			1 2 3 4	YES NO	N/A
College			1 2 3 4	YES NO	
Other (specify)			1 2 3 4	YES NO	

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1	Employer	Dates Employed		Work Performed
	Address	From	To	
	Telephone			
	Job Title	Hourly Rate/Salary		
	Supervisor	Starting	Final	
	Reason for Leaving			

2	Employer	Dates Employed		Work Performed
	Address	From	To	
	Telephone			
	Job Title	Hourly Rate/Salary		
	Supervisor	Starting	Final	
	Reason for Leaving			

3	Employer	Dates Employed		Work Performed
	Address	From	To	
	Telephone			
	Job Title	Hourly Rate/Salary		
	Supervisor	Starting	Final	
	Reason for Leaving			

4	Employer	Dates Employed		Work Performed
	Address	From	To	
	Telephone			
	Job Title	Hourly Rate/Salary		
	Supervisor	Starting	Final	
	Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

May we contact the employers listed above? _____ If not, indicate by # which one(s) you do not wish us to contact _____

Explain any periods of unemployment _____

REFERENCES

1. _____
(Name) (Occupation) (Relationship)

(Address) (Work/Home Phone)

2. _____
(Name) (Occupation) (Relationship)

(Address) (Work/Home Phone)

3. _____
(Name) (Occupation) (Relationship)

(Address) (Work/Home Phone)

APPLICANT'S STATEMENT

I certify that all the information provided by me in this application (and any other accompanying information) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation, or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and HRRV may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I understand, also, that I am required to abide by all rules, regulations, policies and procedures of HRRV. I understand that attendance and punctuality are considered essential requirements of every job at HRRV and that poor attendance or tardiness will result in disciplinary action.

I understand that, if offered a position with HRRV, I will be required to submit to a pre-employment drug screen and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment test and checks will result in withdrawal of any employment offer or termination of employment if already employed.

RELEASE: I hereby authorize Hospice of the Red River Valley to investigate my past record and to ascertain any and all information which may concern my record and character, whether same is of record or not, and hereby authorize my past and present employers, references, educational institutions, and all persons whomsoever may have relevant information to release such information to Hospice of the Red River Valley. Further, I release my present and past employers, references, educational institutions, and all persons whomsoever from any damage or liability because of furnishing said information.

Signature of Applicant

Date