

**Chautauqua Hospice & Palliative Care**  
**20 W Fairmount Ave**  
**Lakewood NY 14750**



### Application for Employment

Please read all instructions carefully. All pages of this application must be completed, and the application signed. If you need additional space, please use the ADDITIONAL REMARKS section. Applicants may be required to complete additional components of Employment Application as directed by our organization.

Chautauqua Hospice & Palliative Care is an equal opportunity employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, creed, sex, age, national origin, citizenship status, disability (physical or mental), veteran status, military status or service, sexual orientation, pregnancy, non-pending arrest records/criminal accusations, domestic violence victim status, predisposing genetic characteristics or genetic information, political activities, use of service dog, or any other category protected by law. Chautauqua Hospice & Palliative Care provides reasonable accommodations to applicants and employees with disabilities. Applicants with questions about access or requiring a reasonable accommodation for any part of the application or hiring process should contact the Human Resources Representative by phone at 716-338-0033.

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Position(s) Applied For \_\_\_\_\_ Date of Application \_\_\_\_\_

How Did You Learn About Us?

Advertisement     Friend     Walk-In     Employment Agency     Relative Other

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_____	_____	_____	_____
Last Name	First Name	Middle Initial	
_____	_____	_____	_____
Address	City	State	Zip Code
_____	_____	_____	_____
Telephone Number	Cell Number	Email Address	

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Have you filled out an application with us in the last 2 years?     Yes  No    If yes, give date \_\_\_\_\_

Have you ever been employed with us before?     Yes  No    If yes, give date \_\_\_\_\_

Are you currently employed?     Yes  No    If yes, give date \_\_\_\_\_

May we contact your present employer?     Yes  No

What date will you be available for work? \_\_\_\_\_

Are you available to work:    Full-time    Part-Time    On-Call/Per-Diem    Temporary

Have you been excluded from participation from Medicare/Medicaid programs?     Yes     No

Are you legally eligible for employment in the United States?     Yes  No

Are you at least 18 years or older?     Yes     No

Certain positions may require extensive travel within a designated area of assignment; to otherwise travel in areas that may not be served by public transportation; and/or to routinely operate a motor vehicle. For positions requiring operation of a motor vehicle, hires must possess a driver license valid in NY State at the time of hire and continuously thereafter.

Do you currently have a valid driver license that allows you to operate a motor vehicle in NY?     Yes     No

**Educational Background**

	Name and Address of School	Course of Study	Years Completed	Diploma or Degree Received
High School				
Undergraduate College				
Graduate Professional				
Other (Please Specify)				

**Nursing and Technical Personnel**

Are you currently licensed in NYS?  Yes  No

If Yes, what for? \_\_\_\_\_

Issuing Authority \_\_\_\_\_ Lic. No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

**Employment Experience:**

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

Name, Address, Phone Number	From	To	Describe work performed, responsibilities, and reason for leaving
	___/___/___	___/___/___	
	___/___/___	___/___/___	
	___/___/___	___/___/___	
	___/___/___	___/___/___	

## **Applicant's Certification and Agreement**

I understand that Chautauqua Hospice & palliative Care will rely, in part, on the information I provide in this Employment Application in considering whether to hire me. I understand that it is important that I provide complete and accurate information and certify that I have done so. If the organization discovers at any time that I failed to completely and honestly provide any information requested of me in this Employment Application or during the interview process, I understand that my application will no longer be considered or, if I am working for the organization, that I will be subject to disciplinary action, up to and including termination of employment.

Chautauqua Hospice & Palliative Care is committed to compliance with the provisions of this nation's immigration laws regarding eligibility. Any offer of employment will be contingent upon your ability to provide legally sufficient documentation showing your eligibility to be employed by this organization. Applicants or employees that present fraudulent documents for employment verification purposes will be terminated.

I authorize Chautauqua Hospice & Palliative Care to contact anyone that it deems appropriate to verify the information I have provided to further investigate my background, past performance and suitability for employment. I consent to being discussed by any person contacted by the organization and waive all rights to bring any action for defamation, invasion of privacy or any similar claim against anyone that provides information to the organization with a good faith belief that the information provided is true.

I understand that this Employment Application is not an offer of employment. I understand that nothing contained in this Employment Application creates a contract between the organization and me for employment or any other benefit. No promises regarding employment have been made and I understand that no such promise or guarantee is binding upon the organization.

I understand that if I am hired, I will be an employee "at will," meaning I am not hired for any definite length of time and either I or Chautauqua Hospice & Palliative Care can terminate my employment at any time for any reason or no reason as permitted by law.

If employed, I understand and agree that the organization retains the sole right in its business judgment to modify, suspend, interpret, or cancel in whole or in part, at any time, with or without any notice, any published or unpublished policy, practice, procedure, process or benefit.

If employed I understand that I may be required to comply with federal and/or state Drug Free Workplace Laws and regulations. I understand and agree to comply with such laws.

If employed I understand that as a condition of employment that I may be required to agree to and sign the organization's confidentiality, non-compete, and/or similar agreements. I also agree to notify Chautauqua Hospice & Palliative Care during the pre-employment process of any confidentiality, non-compete, and/or other similar agreements that I may have already signed with current and/or former employers.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

