

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: _____

