



**Catskill Area  
HOSPICE**  
and Palliative Care  
297 River Street Service Road  
Oneonta, New York 13820  
607-432-6773

### APPLICATION FOR EMPLOYMENT

Catskill Area Hospice & Palliative Care, Inc. (CAHPC) is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap or veteran status.

**Conditions of employment are stated at the end of this form. Please read carefully before you sign this application.** The application will be given every consideration, but its receipt does not imply that the applicant will be employed. This application **must** be completed in full even if attaching a resume.

<b>Position(s) Applied For:</b>	<b>Date:</b> ____/____/____
---------------------------------	--------------------------------

<b>Last Name:</b>	<b>First Name:</b>	<b>MI:</b>
<b>Street Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Home Phone:</b>	<b>Cell Phone:</b>	<b>Email:</b>

<b>How did you hear about us?</b> <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Employee Referral <input type="checkbox"/> Company Web Site <input type="checkbox"/> Employment Agency <input type="checkbox"/> Other: Have you submitted an application with us before: <input type="checkbox"/> Yes <input type="checkbox"/> No
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>Availability:</b> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Per-diem <b>Date: Available:</b> ____/____/____ <b>Are you available to work:</b> <input type="checkbox"/> Weekends <input type="checkbox"/> Holidays <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <b>If part time or per-diem, list days and hours available:</b>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>Did we previously employ you?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, when?</b> ____/____/____ thru ____/____/____ <b>Position(s) held:</b>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>Are you legally eligible to work in the United States:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (Proof of eligibility will be required upon offer of employment) <b>Are you over the age of 18 years:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**EDUCATION:**

School Name/ Address	Course of Study	Years Attended From-To	Did you Graduate	Type of Degree

Please list certifications, registrations, or professional licenses held - number, date issued and state (not driver's license).

---

**PRIOR WORK HISTORY** (List below all present and past employment, beginning with most recent employer. Please account for all breaks in employment or blocks of time not worked. If you need additional space, please continue on a separate sheet of paper.) **Please fill this section out completely, in addition to any resume you may be attaching.**

Company and Address	From - To	Description of Duties	Reason for Leaving	Supervisor Name	Salary

May we contact employers listed above? \_\_\_\_\_ If not, indicate which one(s) you do not wish us to contact:

---

Are there any other experiences, skills, or qualifications, which you feel, would especially qualify you for the position you have applied for? \_\_\_\_\_

---

Have you ever been convicted of a serious crime? \_\_\_\_\_ (Exclude misdemeanors). If yes, describe in full:

---

Can you with or without reasonable accommodation perform the essential functions of the job? \_\_\_\_\_ (If you have any questions about the functions of the job, please ask an HR representative before answering this question.)

I understand that my employment depends on passing the CAHPC pre-employment physical examination and background checks. I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize CAHPC to verify their accuracy and to obtain reference information on my work performance. I hereby release CAHPC from any/all liability of whatever kind and nature that, at any time, could result from obtaining and having an employment decision based on such information. I understand that, if employed, falsified or misleading statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal. I agree that in the event of my employment, I will abide by the rules and regulations of CAHPC. I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that, unless otherwise defined by applicable law, any employment relationship with CAHPC is "at will" and that either CAHPC or I may terminate my employment at any time with or without notice or cause.

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



**Catskill Area  
HOSPICE**  
and Palliative Care  
1 Birchwood Drive  
Oneonta, New York 13820  
607-432-6773

## AFFIRMATIVE ACTION FORM

Government Agencies require reports on status of applicants. This data is for analysis and affirmative action only. Submission is voluntary. Failure to supply this information will not jeopardize or adversely affect any consideration you may receive for employment, or later advancement in employment.

Please complete the information requested below. Thank you for your cooperation.

<b>Position(s) Applied For:</b>		<b>Date:</b> ____/____/____
<b>Last Name:</b>	<b>First Name:</b>	<b>MI:</b>

Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
--------------------------------------------------------------------

**Race/Ethnicity:**

- American Indian or Alaskan Native** – A person having origins in any of any of the original peoples of North American and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian** – A person having origins in any of the original peoples of the Far East. Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Island, Thailand, and Vietnam.
- Black of African American** – A person having origins in any of the Black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black or African American.”
- White** – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Hispanic or Latino (All Races - If yes, please select one of the two options listed below)** – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
  - Hispanic or Latino (White race only)** – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of the White Race.
  - Hispanic or Latino (all other races)** – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of any race other than White.
- Race missing or unknown** – Applies to Applicants only, where a resume or application that is received without any racial or ethnic identification and no further contact is made with the applicant.

<b>Veteran Status:</b> <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Special disable Veteran <input type="checkbox"/> Other Eligible Veteran
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------