



## Employment History

**A resume may be included as a supplement to the application but may not be used in lieu of the completed application.**

Provide the following information for your past and current employers, assignments or volunteer activities. Start with your most recent experience and use Supplemental Employment History Sheet if necessary. Explain any gaps in employment in the Comments section.

CURRENT EMPLOYER  ( )	TELEPHONE #	DATES EMPLOYED FROM _____ TO _____	SUMMARY OF WORK RESPONSIBILITIES
ADDRESS STREET _____ CITY _____ STATE _____ ZIP CODE _____		STARTING SALARY \$ _____ PER	
JOB TITLE		ENDING SALARY \$ _____ PER	REASON FOR LEAVING
IMMEDIATE SUPERVISOR AND TITLE		MAY WE CONTACT FOR REFERENCE?  ___ YES ___ NO ___ LATER	NAME USED AT TIME OF EMPLOYMENT

EMPLOYER  ( )	TELEPHONE #	DATES EMPLOYED FROM _____ TO _____	SUMMARY OF WORK RESPONSIBILITIES
ADDRESS STREET _____ CITY _____ STATE _____ ZIP CODE _____		STARTING SALARY \$ _____ PER	
JOB TITLE		ENDING SALARY \$ _____ PER	REASON FOR LEAVING
IMMEDIATE SUPERVISOR AND TITLE			NAME USED AT TIME OF EMPLOYMENT

EMPLOYER  ( )	TELEPHONE #	DATES EMPLOYED FROM _____ TO _____	SUMMARY OF WORK RESPONSIBILITIES
ADDRESS STREET _____ CITY _____ STATE _____ ZIP CODE _____		STARTING SALARY \$ _____ PER	
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IMMEDIATE SUPERVISOR AND TITLE			NAME USED AT TIME OF EMPLOYMENT

### Employment History (continued)

Have you ever been discharged or forced to resign? \_\_\_\_Yes \_\_\_\_No If yes, please explain \_\_\_\_\_  
 \_\_\_\_\_

Have you had a disciplinary action within the last twelve months of employment? \_\_\_\_Yes \_\_\_\_No If yes, please explain \_\_\_\_\_

Were you given a performance evaluation within the last twelve months of employment? \_\_\_\_Yes \_\_\_\_No If yes, please indicate your score and the range of scores used \_\_\_\_\_

Have you signed a non-compete agreement with another employer that would restrict you from working for us? \_\_\_\_Yes \_\_\_\_No If yes, please explain \_\_\_\_\_  
 Please provide a copy the non-compete agreement for our review. This application cannot be considered until such agreement has been provided.

**Skills and Qualifications** Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying \_\_\_\_\_

**Comments** including explanation of any gaps in employment \_\_\_\_\_  
 \_\_\_\_\_

### Licenses and Certifications

Please indicate below and include a copy of the following Florida licenses and/or certifications you possess.

- RN       LPN       CNA       HHA     LCSW       CPR Certificate  
 Massage Therapist       Food Handler       Registered Pharmacist  
 Other \_\_\_\_\_       Pharmacy Tech Certificate

License/Certificate # \_\_\_\_\_ Expiration Date \_\_\_\_\_

### Education Background

	SCHOOL ATTENDED	CITY/ STATE	CHECK IF GRAD	DEGREE DIPLOMA	# of YEARS ATTENDED	MAJOR/ MINOR
High School						
College						
Graduate School						
Other						

### References

Please list three responsible persons other than relatives and past employers who have knowledge of your qualifications for employment.

NAME	TELEPHONE	YEARS KNOWN
	WORK ( )                      HOME ( )	
	WORK ( )                      HOME ( )	
	WORK ( )                      HOME ( )	

## Additional Information

List professional, trade, business or civic associations and any offices held. **Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or any other similarly protected status.**

ORGANIZATION	OFFICES HELD

**FAILURE TO SIGN OR ANSWER ANY OF THE QUESTIONS ON THIS APPLICATION WILL RESULT IN THE REJECTION OF THIS APPLICATION.**

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that any misrepresentations, omissions of facts, or incomplete answers in any application document will disqualify me from further consideration of employment. I further understand, if employed, any misrepresentations or omissions of facts in any application document will result in my dismissal without prior notice regardless of when such misrepresentation or omission is discovered.

I authorize Hospice of Marion County And Its Affiliated Companies (Florida Palliative Home Care of Lake, Marion and Sumter Counties, LLC, SummerField Suites, LLC, Florida Palliative Pharmacy & Equipment, LLC - dba (Accent Medical) to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I further authorize Hospice of Marion County, Inc. and (Florida Palliative Home Care of Lake, Marion and Sumter Counties, LLC, SummerField Suites, LLC, Florida Palliative Pharmacy & Equipment, LLC - dba (Accent Medical) to secure all job related information about me including, but not limited to, criminal background checks, motor vehicle checks and credit checks (if applicable).

By signing and submitting the employment application, I give my consent for Hospice of Marion County, Inc., and Its Affiliated Companies to disclose all employee personnel files and information obtained from various background investigations to all member entities (Hospice of Marion County, Inc., Florida Palliative Home Care of Lake, Marion and Sumter Counties, LLC, SummerField Suites, LLC, Florida Palliative Pharmacy & Equipment, LLC - dba Accent Medical). I hereby release from liability Hospice of Marion County, Inc. and Its Affiliated Companies and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations furnishing such information which could result in disqualification of employment or, if employed, dismissal without prior notice.

Hospice of Marion County And Its Affiliated Companies (Florida Palliative Home Care of Lake, Marion and Sumter Counties, LLC, SummerField Suites, LLC, Florida Palliative Pharmacy & Equipment, LLC - dba (Accent Medical) do not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

This application will remain active for 90 days from the date received. At the conclusion of this time, if you have not heard from The Hospice of Marion County And Its Affiliated Companies (Florida Palliative Home Care of Lake, Marion and Sumter Counties, LLC, SummerField Suites, LLC, Florida Palliative Pharmacy & Equipment, LLC - dba (Accent Medical) and still wish to be considered for employment, it will be necessary to complete a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and The Hospice of Marion County And Its Affiliated Companies (Florida Palliative Home Care of Lake, Marion and Sumter Counties, LLC, SummerField Suites, LLC, Florida Palliative Pharmacy & Equipment, LLC - dba (Accent Medical) reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of The Companies, other than an authorized officer, has the authority to make any assurance to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is The Hospice of Marion County's And Its Affiliated Companies (Florida Palliative Home Care of Lake, Marion and Sumter Counties, LLC, SummerField Suites, LLC, Florida Palliative Pharmacy & Equipment, LLC - dba (Accent Medical) policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that, if I am hired, I will be required to provide proof of identity and legal work authorization.

I have read and fully understand the foregoing and seek employment under these conditions.

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

Required for processing

Name: \_\_\_\_\_

### SUPPLEMENTAL EMPLOYMENT HISTORY SHEET

A resume may be included as a supplement to the application but may not be used in lieu of the completed application.

EMPLOYER	TELEPHONE # (    )	DATES EMPLOYED FROM _____ TO _____	SUMMARY OF WORK RESPONSIBILITIES
ADDRESS STREET _____ CITY _____ STATE _____ ZIP CODE _____		STARTING SALARY \$ _____ PER	
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IMMEDIATE SUPERVISOR AND TITLE			NAME USED AT TIME OF EMPLOYMENT

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**Hospice of Marion County, Inc. and Its Affiliated Companies**  
 P.O. Box 4860 Ocala, Florida 34478-4860 - (352) 873-7400 FAX (352) 873-7433  
 www.hospiceofmarion.com e-mail: hr@hospiceofmarion.com

# Affirmative Action Voluntary Information

COMPLETION OF INFORMATION BELOW IS VOLUNTARY

**We consider all applicants for positions without regard to race, color, religion, sex, national origin, age, veteran/reserve/national guard or any other similarly protected status.**

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data form. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide this information will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this form is **not** a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

## Please print

Position(s) applied for \_\_\_\_\_ Date \_\_\_\_\_

## Referral Source

- |   |  |                                   |
|---|--|-----------------------------------|
| <input type="checkbox"/> Walk-in                      | <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Brochure |
| <input type="checkbox"/> Employee                     | <input type="checkbox"/> Relative          | <input type="checkbox"/> School   |
| <input type="checkbox"/> Advertisement - Source _____ |  | <input type="checkbox"/> Other    |

Name of person who referred you \_\_\_\_\_

## Applicant Information

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code

- Male  Female

## Please check one of the following Equal Employment Opportunity Identification Groups:

- |   |   |                                   |
|---|---|-----------------------------------|
| <input type="checkbox"/> White (not of Hispanic origin) | <input type="checkbox"/> Black (not of Hispanic origin) | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian/Pacific Islander         |                                   |

# Employment Application Supplement

## Important Notice

### Drug Testing

As a matter of policy and to help ensure a work environment free of controlled substances or use of illegal drugs, Hospice of Marion County, Inc. and Its Affiliated Companies utilizes applicant drug testing as a condition of employment. Any offer that may be extended depends on the results of a drug screen for controlled substances. Refusal to submit to drug testing will result in ineligibility for employment.

### Background Checks

Hospice of Marion County, Inc. and Its Affiliated Companies conducts a thorough background investigation and pre-employment screening process on all applicants being considered for employment, including, but not limited to, employment and personal references, FLDE, MVR, education, certifications, licenses and credit reports. We reserve the right to utilize this information in any way deemed necessary to make a final determination of employment. Under the Fair Credit Reporting Act as enforced by the Federal Trade Commission and other governmental agencies, you are entitled to be advised of the information contained in your record and you have a right to dispute the accuracy of that information.

### Falsification of Information

False or misleading information provided on the application, during the interview process, or in any employment paperwork may result in the rejection of your application or may be grounds for termination.

By checking this box, I attest to the veracity of the above statements in that I have read, understand and consent to the requirements specifying employment eligibility and authorize Hospice of Marion County, Inc. and Its Affiliated Companies to disclose all employee personnel files and information obtained from various background investigations and drug testing to all member entities, Hospice of Marion County, Inc., Florida Palliative Home Care of Lake, Marion and Sumter Counties, LLC, SummerField Suites, LLC, Florida Palliative Pharmacy & Equipment, LLC - dba (Accent Medical).

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Date