



Serenity Palliative Care and Hospice is concerned for the safety of our patients and staff. We will conduct a full background check, including criminal background check and verification of social security number, on all candidates for employment. If employment is offered, applicants may also be subject to random or pre-employment drug screening.

– PLEASE READ THE FOLLOWING CAREFULLY –

Thank you for considering a position with Serenity Palliative Care and Hospice. It is important that you fully and accurately complete this application yourself and indicate the position(s) for which you wish to be considered. Please be sure to complete this application in the most thorough and cautious manner possible, as we will complete a detailed background and employment screening that will disclose inaccurate, false, incomplete and/or omitted information. A copy of the appropriate Job Description will be provided for your review so that you may complete all questions appropriately.

The following must be filled out completely for your application to be considered.

**PERSONAL INFORMATION**

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

Present Address: \_\_\_\_\_  
Street City State ZIP

Permanent Address: \_\_\_\_\_  
Street City State ZIP

Home Phone Number: \_\_\_\_\_ Work/Message Phone: \_\_\_\_\_

Office Use Only  
 Verified: \_\_\_\_\_

Have you used any other name(s) and/or social security number(s)?    Yes    No

If yes, please list all other names and SSNs used: \_\_\_\_\_  
Street

Please list the cities and states in which you have lived during the past 7 years:

Street	City	State	ZIP
Street	City	State	ZIP
Street	City	State	ZIP
Street	City	State	ZIP
Street	City	State	ZIP
Street	City	State	ZIP

**EMPLOYMENT**

Position You Are Applying For: \_\_\_\_\_ Shift: \_\_\_\_\_ Salary: \_\_\_\_\_

**LIST OF JOB DESCRIPTIONS**

Are you applying for full or part time work?      Full Time      Part Time      Per Diem/Visit

Days of the week NOT available to work:    Mon    Tues    Wed    Thur    Fri    Sat    Sun

Are you available to work holidays? \*      Yes      No

Are you available for On Call work? \*      Yes      No

\*Availability may determine employment for field staff. If your availability status changes, it is YOUR responsibility to notify your department head or the administrator as soon as possible.

	Yes	No
If you are under 18 years old, can you provide a work permit? NA		
Have you used illegal drugs in the last six months?		
Do you have any friends or relatives working for this company?		
If so, list their names _____		
<small>List Names</small>		
Have you ever applied or worked for this company?		
If yes, please list dates _____		
<small>List Dates</small>		
Do you have any other work-related commitments that might affect your employment with this company? If yes, please explain _____		
<small>Explanation</small>		
Are you able to perform the essential functions of the job for which you are applying? <b>(LIST OF JOB DESCRIPTIONS)</b> If no, please describe the function that cannot be performed.		
<small>Explanation</small>		

**PROFESSIONAL LICENSES AND/OR CERTIFICATIONS** Office Use Only

Type	Organization or State Issued	Date Issued	Number	Verified
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	

**EMPLOYMENT HISTORY** (Please list last 7 years of employment with the most recent first. Identify all gaps in employment on page 5.)

Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State ZIP

Dates of Employment: \_\_\_\_\_  
From To

Phone Number: \_\_\_\_\_  
Phone

Immediate Supervisor's Name and Title: \_\_\_\_\_

May we contact for reference? Yes No

Job Description and Duties: \_\_\_\_\_ Final Salary \_\_\_\_\_ per \_\_\_\_\_

Office Use Only Verified: Yes No
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Was your termination: Voluntary Involuntary (feel free to explain if necessary)

\_\_\_\_\_  
Explanation

Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State ZIP

Dates of Employment: \_\_\_\_\_  
From To

Phone Number: \_\_\_\_\_  
Phone

Immediate Supervisor's Name and Title: \_\_\_\_\_

May we contact for reference? Yes No

Job Description and Duties: \_\_\_\_\_ Final Salary \_\_\_\_\_ per \_\_\_\_\_

Office Use Only Verified: Yes No
--

Was your termination: Voluntary Involuntary (feel free to explain if necessary)

\_\_\_\_\_  
Explanation

Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State ZIP

Dates of Employment: \_\_\_\_\_  
From To

Phone Number: \_\_\_\_\_  
Phone

Immediate Supervisor's Name and Title: \_\_\_\_\_

May we contact for reference? Yes No

Job Description and Duties: \_\_\_\_\_ Final Salary \_\_\_\_\_ per \_\_\_\_\_

Office Use Only Verified: Yes No
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Was your termination: Voluntary Involuntary (feel free to explain if necessary)

\_\_\_\_\_  
Explanation

**EMPLOYMENT HISTORY** Continued

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

ZIP

Dates of Employment: \_\_\_\_\_

From

To

Phone Number: \_\_\_\_\_

Phone

Immediate Supervisor's Name and Title: \_\_\_\_\_

May we contact for reference?    Yes    No

Job Description and Duties: \_\_\_\_\_ Final Salary \_\_\_\_\_ per \_\_\_\_\_

Office Use Only Verified:	Yes	No
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Was your termination:    Voluntary    Involuntary (feel free to explain if necessary)

Explanation

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

ZIP

Dates of Employment: \_\_\_\_\_

From

To

Phone Number: \_\_\_\_\_

Phone

Immediate Supervisor's Name and Title: \_\_\_\_\_

May we contact for reference?    Yes    No

Job Description and Duties: \_\_\_\_\_ Final Salary \_\_\_\_\_ per \_\_\_\_\_

Office Use Only Verified:	Yes	No
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Was your termination:    Voluntary    Involuntary (feel free to explain if necessary)

Explanation

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

ZIP

Dates of Employment: \_\_\_\_\_

From

To

Phone Number: \_\_\_\_\_

Phone

Immediate Supervisor's Name and Title: \_\_\_\_\_

May we contact for reference?    Yes    No

Job Description and Duties: \_\_\_\_\_ Final Salary \_\_\_\_\_ per \_\_\_\_\_

Office Use Only Verified:	Yes	No
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Was your termination:    Voluntary    Involuntary (feel free to explain if necessary)

Explanation

## UNEMPLOYMENT HISTORY

Please account for all times of unemployment during the last seven years, by listing both the period of time and the corresponding reasons for unemployment. Do not include periods of unemployment of one month or less.

Unemployment History

## EDUCATION/TRAINING

	Name and Address of School	Courses/Major	Did you graduate?		Diploma Degree or Certificate
High School	_____	_____	Yes	No	_____
College	_____	_____	Yes	No	_____
	_____	_____			Office Use Only Verified: _____
Professional Training	_____	_____	Yes	No	_____
	_____	_____			Office Use Only Verified: _____

## ADDITIONAL INFORMATION

Please describe any other experience, training, qualifications and/or skills that make you especially suited to work at Serenity Palliative Care & Hospice:

## AUTHORIZATIONS

**PLEASE READ THE FOLLOWING CAREFULLY, BEING SURE TO INITIAL EACH PARAGRAPH, SIGN AND PRINT YOUR NAME AND DATE ONCE COMPLETED. PLEASE SIGN AND DATE ANY SEPARATE DOCUMENTS THAT MAY BE ATTACHED.**

### Confirmation of Honest and Accurate Completion:

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification that any job offer conditional, based on the satisfactory review of my qualifications including any and all background or drug screening which may be required.

### Drug and Alcohol Screening:

I understand that the use of or possession or sale of alcohol or illegal substances in the work place, or any use which impacts my ability to work safely, may be cause for immediate termination and hereby agree to be tested for use of alcohol or illegal substances upon request of this Company, at any time, during employment or for purposes of employment pre-screening.

### Applicant testing:

I understand that I may be asked to complete testing as relevant to the position applied for including, but not limited to, integrity testing, competency testing, safety testing or other testing as deemed appropriate by this company.

Initials

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**AUTHORIZATIONS**

Initials  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Physical Exam(s):**

I consent to take the physical examination and such future physical examinations as may be required by this company at such times and places as the company shall designate. I understand that offer of employment may be contingent on passing the physical examination which relates to the essential duties I would be required to perform.

**Authorization to Obtain Information:**

I voluntarily and knowingly authorize any present or past employer or supervisor, education institution, administrator, law enforcement agency, state, local, or federal agency, credit bureau (supplemental criminal background checks), collection agency, personal reference, and / or any other persons to give records or information they may have concerning my criminal, motor vehicle, educational, license, or employment history (including character, earnings, and reasons for termination), or any other information request by the company deemed pertinent to my employment. (Authorization of criminal background check will be required on additional forms.)

**Release:**

I agree to cooperate in such investigation and do hereby voluntarily waive all recourse and release from all liability or responsibility all persons, companies, or corporations supplying such information.

**Notification and Compliance:**

I agree to immediately notify the company if I should be convicted of a crime while my application is pending or during my employment, if hired. If I become employed, inconsideration of my employment, I agree to comply with all applicable regulations, and company rules, policies and procedures.

**At-Will Employment:**

I understand and agree that nothing contained in this application, or conveyed during any interview which may be granted, or during my employment, if hired, is intended to create an employment contract between the company and me. In addition, I understand and agree that if this company employees me, in consideration of my employment, my employment will be at-will, for no definite or determinable period of time, and may, regardless of the date of payment of my wages or salary, be terminated at any time, for any reason or for no reason at all, with or without prior notice, at the option of the company or me. I understand and agree that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and an authorized executive of the company. I promise that I have not relied, and will not rely, on any oral or written statements to the contrary. I understand and agree that this is the entire agreement between me and the Company regarding the term of my employment and replaces any other oral or written agreement or understanding.

I agree that any claim or lawsuit relating to my service with Serenity or any of its subsidiaries must be filed no more than six (6) months after the date of employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary

I accept all provisions above and certify that I, personally, completed this application and all of the information provided on this application is true and accurate. By initially above and entering your name below you are submitting an electronic signature. **Once you have added your signature, you won't be able to make any changes to the application.**

\_\_\_\_\_  
Insert Electronic Signature

\_\_\_\_\_  
@a 7WUfcb` [UE[Y` SfgdM 7 fVdkagd` S\_ WSTahVZ

## JOB DESCRIPTIONS

### Receptionist:

#### Position Summary

Greets visitors, receives incoming telephone calls and fax transmissions. Transfers calls appropriately. Provides clerical support and assists with projects as delegated.

#### Qualifications: Professional and Personal

Must be a High School graduate. Must have previous office experience, preferably in health care. Knowledge of medical terminology and/or general medical background is desirable. Must demonstrate strong telephone skills and interpersonal communication skills. Typing/word processing ability of at least forty (40) words per minute. Must speak, read, write and comprehend English.

### RN Case Manager:

#### Position Summary

Provides direct care and case management for a team of Agency clients in accordance with the state Nurse Practice Act and Agency policy. Directs Assigned team members of RNs, LPNs, Home Health Aides, and Personal Care Assistants.

#### Qualifications: Professional and Personal

Graduate of an accredited school of professional nursing. Must have current license as a Registered Nurse in the state of practice. Baccalaureate degree preferred. Minimum of two (2) years of nursing experience. Hospice experience preferred. Ability to supervise and direct members of client care team. Demonstrates strong and effective written and verbal communications as well as interpersonal skills. Ability to deal tactfully with clients and community. Demonstrates organizational and time management skills. Knowledge of hospice regulatory and reimbursement requirements. Licensed driver with automobile insured in accordance with state and/or Agency requirements and in good repair.

### Home Health Aide:

#### Position Summary

Provides personal care services under the direction of the Registered Nurse or Therapist. The Home Health Aide is assigned to specific clients by the Registered Nurse or other appropriate professionals and performs services for clients as necessary to maintain their personal comfort.

#### Qualifications: Professional and Personal

Successful completion of a formal certification training program and/or a written skills test and competency evaluation. Must be at least eighteen (18) years of age. Minimum of six (6) months work experience in a supervised setting, preferably health care facility. Demonstrates ability to read, write and follow a written Plan of Care. Good verbal, written and interpersonal skills. Licensed driver with automobile insured in accordance with state and/or Agency requirements and in good repair. Good driving record.

### Clinical Assistant:

#### Position Summary

Provides clerical and medical assistant support including typing correspondence, reports, and documents; maintaining filing systems, maintaining patient charts and coordinating interoffice activities.

#### Qualifications: Professional and Personal

Medical Assistant certification; college degree preferred. Minimum of two (2) years experience in a business setting, health care/physician office preferred. Knowledge of medical terminology preferred. Speak, read, write and comprehend English. Demonstrates strong verbal, written and interpersonal communication skills. Demonstrates ability to type at least 50 words per minute and familiarity with basic computer programs.

Please proceed to next page.

### Medical Social Worker:

#### Position Summary

Provides services and/or establishes standards addressing the social and/or emotional factors that impact the clients ability to achieve the goals of the Plan of Care. Services are provided under the direction of a physician and in conjunction with other health care team members in accordance with the established policies and practices of Serenity Hospice.

#### Qualifications: Professional and Personal

Masters Degree from a school of Social Work accredited by the Council on Social Work Education. Minimum of one (1) year experience in a health care setting or equivalent experience. Hospice experience preferred. CPR certification as applicable. Demonstrates excellent written and verbal communication skills and strong interpersonal skills. Demonstrates knowledge of resources available in the community. Licensed driver with automobile insurance in accordance with state/Agency requirements. Reliable transportation and good driving record.

### Community Liaison:

#### Position Summary

Establishes and maintains relationships with customers and referral sources. Works closely with Director of Community Relations.

#### Qualifications: Professional and Personal

Bachelor's degree in business or related field. Previous experience in health care management or marketing, preferably in hospice care. Demonstrates knowledge of regulatory requirements and restrictions in hospice services. Excellent verbal, written communication skills. Demonstrates organizational skills, flexibility, assertiveness, and team orientation.