

Application for Position

Home & Hospice Care of Rhode Island is an equal opportunity employer and observes all federal and state regulations related to discrimination in employment.

INSTRUCTIONS

- 1) Save a copy of the **Application for Position** document to your computer.
- 2) Enter the appropriate information in each applicable section.
 - a) You may submit your application by email. Open your personal email account, attach your completed **Application for Position**, and send it to applications@hhcri.org.
 - b) You may submit it by fax to 401-312-2356.
 - c) You may mail it to Home & Hospice Care of Rhode Island, C/O Human Resources, 1085 North Main Street, Providence, RI 02904.

Date of Application					
Check off the type of position for which you are applying		<input type="checkbox"/> Employee		<input type="checkbox"/> Intern	
		<input type="checkbox"/> Volunteer			
Basic Information					
First Name					
Middle Name					
Last Name					
Street			Apartment Number		
City		State		Zip Code	
Email Address					
Home Telephone		Work Telephone			
Cell Phone		Preferred Contact Time			
Tell us about your eligibility					
Are you at least 18 years of age?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted (or guilty plea or nolo contendere) of a crime? (Do not identify convictions for which the criminal record has been expunged, sealed or eradicated by the court.) If Yes, please explain each conviction (or guilty or nolo contendere plea) and sentence fully. <small>NOTE: A conviction does not automatically mean that you will be disqualified from consideration. What you were convicted of, and how long ago you were convicted, and the position for which you are applying for are important factors. Please give all facts so that an informed decision can be made.</small>					<input type="checkbox"/> Yes <input type="checkbox"/> No
Rhode Island law requires employees of home health agencies be subject to a criminal background check. Would you be opposed to such a check?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever worked under a different name? If yes, please list _____					<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a valid driver's license?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you provide proof of auto insurance?					<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you have transportation available for business travel?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to perform the essential functions of the position(s) for which are you applying (with or without) accommodations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have the legal right to reside and work in the U.S. for any company? Proof of citizenship or resident alien status will be required after employment (DOES NOT APPLY TO THOSE APPLYING FOR A VOLUNTEER POSITION.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any agreements with current or prior employers that may affect any future employment with our Company (such as agreements not to compete)? ---If yes, please explain fully	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever worked for Home & Hospice Care of Rhode Island? If yes, why did you leave?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Education / Volunteer Experience

	Name / Location of Institution	Major / Field of Specialization	Completed
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No
Trade / Business School			<input type="checkbox"/> Yes <input type="checkbox"/> No
College or University			<input type="checkbox"/> Yes <input type="checkbox"/> No
College or University			<input type="checkbox"/> Yes <input type="checkbox"/> No

Professional Licenses & Certifications (including BLS/CPR)

License Type	License Number	Issuing State	Issuing Country	Expiration

List any other specialized training or educational/work experience relevant to position(s) applied for. (This would include any training or work experience received while serving in the military.)

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List any publications in which you have been published or awards you have received relevant to position(s) for you which you applied.

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List any job-related professional organizations, clubs, professional societies or other associations to which you belong relevant to position(s) you applied for. (You may omit those which indicate your race, religious creed, color, sex, marital status, national origin, ancestry, disability or other protected class.)

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List any languages you speak and read fluently relevant to position(s) applied for.

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Interns please include the following:

Please state your proposed focus of your Internship.	
Please provide proposed schedule, including number of hours per week needed to complete you academic requirements.	

References – List 3 references including at least one former supervisor. Do not list friends or relatives.

Name	How do you know them?	Address / Telephone Number

Do you have any friends or relatives working at Home & Hospice Care of Rhode Island? If yes, please provide their name and their relationship to you.

 Yes No

Name	Relationship



INTERNS STOP HERE AND GO TO PAGE 6 / VOLUNTEERS STOP HERE AND GO TO PAGE 5
 (Employment Applicants continue.)

Position(s) of Interest	Desired Shifts (Please select all that apply)
	<input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per Diem
	<input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per Diem
	<input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per Diem

Employment History – List current or most recent first. Fill in all fields completely.

Please list **ALL** employment history you have held for the last 10 years beginning with your current or last position. Include any work performed on a volunteer basis, time spent in military service or in full time education, as well as periods of unemployment. Describe all work duties and responsibilities in detail. **If employment was with a temporary agency or a personal consultant, list that company as the employer, not where you were assigned.**

Be advised that all information on your application will be verified. Falsification or omission of information could lead to a disciplinary action up to or including termination.

Title		Supervisor Name			
Business Name and Address		Dates of Employment		\$ Rate Paid	\$
Title		Supervisor Name			
Business Name and Address		Dates of Employment		\$ Rate Paid	\$
Title		Supervisor Name			
Business Name and Address		Dates of Employment		\$ Rate Paid	\$
Title		Supervisor Name			
Business Name and Address		Dates of Employment		\$ Rate Paid	\$
Title		Supervisor Name			
Business Name and Address		Dates of Employment		\$ Rate Paid	\$
Title		Supervisor Name			
Business Name and Address		Dates of Employment		\$ Rate Paid	\$
Title		Supervisor Name			
Business Name and Address		Dates of Employment		\$ Rate Paid	\$
Title		Supervisor Name			
Business Name and Address		Dates of Employment		\$ Rate Paid	\$



EMPLOYMENT APPLICANTS STOP HERE AND GO TO PAGE 6
(Volunteers continue)

Volunteer Questionnaire

I interpret “volunteer” to mean that I have agreed to work without compensation in money. Having been accepted as a volunteer, I expect to do my work according to the Standards of Conduct set forth in the Volunteer Policy. (Answer required.)

Agree Disagree

Why do you want to be a hospice volunteer?

What qualities (skill, knowledge, and experience) do you feel you can incorporate into your hospice volunteer work?

Do you volunteer with other organizations? Please list.

***Have you experienced a significant loss in the last year?** Yes No
Briefly describe:

Have you ever been with someone at their death? Yes No
Briefly describe:

Have you ever provided care to someone who was approaching end of life? Yes No
Briefly describe.

What are your thoughts and feelings about death?

*Home and Hospice Care of Rhode Island follows the National Hospice and Palliative Care Organizations standards of practice, which recommends that anyone interested in direct patient volunteering must wait one year after the loss of a loved one before entering our training Program.



Statement of Intent

I hereby affirm that the information given on this application (and accompanying resume, if any) is true and complete.

I understand that any false or misleading representations or omissions may disqualify me from further consideration for employment and may result in discharge if discovered at a later date. If I am released under these conditions, I will be paid only through the day of release and my employer has the right to cancel any benefits that I may have accrued.

I understand that acceptance of an offer of employment does not create a contractual obligation to continue to employ me in the future.

Print Name

Signature

Date

Permission to Contact

It is the policy of Home & Hospice Care of Rhode Island to check references offered by applicants. It is our objective to obtain information on ability, previous job performance, character and reputation for the sole purpose of considering you for employment or volunteering.

I hereby give Home & Hospice Care of Rhode Island permission to request and obtain such information.

Print Name

Signature

Date



Self-Identification Applicant Form

Please note this form will be kept separate from the application. It is considered confidential and not used in any hiring decision.

It is the policy of Home & Hospice Care of Rhode Island to provide equal opportunity with regard to all terms and conditions of employment. HHCRI will not refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individual's race, color, religion, creed, disability, veteran status, sex, or national origin or other protected classes.

Please complete this information to assist us in complying with equal opportunity/affirmative action recordkeeping and reporting requirements. Submission of this information is **strictly voluntary** and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders, and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes.

General Applicant Information			
Name		Date	
Position Applied			
Referral Source			
<input type="checkbox"/> Walk-In	<input type="checkbox"/> Government Employment Agency	<input type="checkbox"/> Private Employment Agency	<input type="checkbox"/> School <input type="checkbox"/> Job Fair
<input type="checkbox"/> Employee	<input type="checkbox"/> Relative	<input type="checkbox"/> Advertisement	<input type="checkbox"/> Other: _____
INVITATION TO SELF-IDENTIFY			
<input type="checkbox"/> White (not of Hispanic origin)	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Hispanic/Latino	
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Black/African American (not of Hispanic origin)	<input type="checkbox"/> Asian	
<input type="checkbox"/> Two or more races	<input type="checkbox"/> Choose not to disclose		
Gender			
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Choose not to disclose	

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino) - 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 Islands, Thailand, and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino) - All persons who identify with more than one of the above five races.