



*hospice of the florida keys, inc.
& visiting nurse association*

Human Resources Department

1319 William Street

Key West, FL 33040

www.hospicevna.com

Thank you for your interest in Hospice of the Florida Keys, Inc. & Visiting Nurse Association and for requesting an application for employment. We take great pride in offering top quality, professional home health and hospice services throughout Monroe County. The goal of our Human Resources Department is to continue to welcome individuals who can contribute to our existing top-notch team whenever employment opportunities become available.

Attached, you will find the forms you need to let us know about yourself, your skills and your employment background. Please be sure to read the guidelines and provide all the information that is requested. A complete application will ensure that it can be processed in a timely manner.

In telling us about yourself, you may want to provide copies of professional licenses and/or letters of recommendation. This is not required but if you wish to provide this information, please be sure that you only attach copies of these documents so that your originals are not misplaced. Also, I ask that you refrain from attaching copies of personal documents such as driver licenses or birth certificates. These documents do not contain information that is pertinent to this application process. All documentation that is required for employment will be requested if an offer of employment is made and accepted.

I have made every effort to make this application process as easy for you as possible. If, during this process, you experience any difficulty, I urge you to e-mail your suggestions to bfernandez@hospicevna.com. We value your time and will strive to communicate with you as quickly as possible. However, due to the influx of resumes and applications, it is not always possible to be as prompt as we would like. I welcome you to contact me if you have questions about the status of your application. You may leave messages for me at any of the numbers below or e-mail bfernandez@hospicevna.com.

We are honored that you have chosen to pursue employment opportunities with our organization. Please accept my thanks for your time and my good wishes for your success regardless of where you hang your professional "hat".

Sincerely,

Barbara E. Fernandez, PHR
Human Resources Director



hospice of the florida keys, inc.
& visiting nurse association

EMPLOYMENT APPLICATION GUIDELINES

Please read before completing employment application:

1. Applicant is to complete entire application, regardless of whether information has been provided on a resume. Incomplete applications cannot be processed adequately in a timely manner.
2. There are three kinds of reference forms attached to the application:
 - a. **Past Employment References** – these pertain specifically to past employment (supervisors, co-workers). Applicants need to provide a minimum of two contacts.
 - b. **Personal References**- these are character references. Only one contact is necessary.
 - c. **Educational References** – The highest level of education on your application will be verified. Please provide at minimum the institution's name, city and state.

Applicant is to complete the ***top portion only*** of the reference requests, providing a name, full address (including zip code) and signing consent as indicated. Please submit these along with your application. The Human Resources Department will mail out these references to obtain written references and will also call reference contacts for verbal reference verification. Please **do not** obtain your own references. We require all references to be processed through the agency's HR Department.

3. Once the application has been submitted, it will be routed to the HR Department for processing.
4. To inquire as to the status of your application, you may call the HR Department at 305/294-8812, 305/743-9048 or 305/852-7887 or you may e-mail bfernandez@hospicevna.com.
5. If you require assistance with the completion or submission of an employment application, you may call any of the numbers above.

Attention: You may attach copies of professional licenses or certifications. Do not attach copies of driver's licenses, birth certificates or other personal documents. We will request whatever documents are needed if an offer of employment is made and accepted. PLEASE DO NOT ATTACH ORIGINALS.



hospice of the florida keys, inc.
& visiting nurse association

EMPLOYMENT APPLICATION

Hospice of the Florida Keys, Inc. and Visiting Nurse Association are Equal Opportunity Employers. Race, color, religion, age, sex, disability, marital or veteran status, place of national origin and other categories protected by law are not factors in employment, promotion, compensation or working conditions. Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to or assistance with the application and/or interview process should notify a representative of the HR Department. This is a DRUG FREE WORKPLACE

Please Print Clearly In Ink

Applicant Information

Full Name: _____ Date: _____
First Full Middle Last

Address: _____
Street City, State Zip Code

Telephone: (____) _____ Message #: (____) _____ E-Mail: _____

Best time to call you at home: _____ Social Security No.: _____ - _____ - _____

Do you have a valid driver's license? No Yes Do you have reliable transportation? No Yes

Have you ever applied to, or worked for Hospice/VNA before? ____ If yes, when? _____

Name of friends or relatives working for Hospice/VNA? _____

How did you hear about us/this opening? _____

Are you prevented from lawfully becoming employed in this country because of visa or immigration status?
 No Yes *(proof of citizenship/immigration status will be required upon employment.)*

Have you ever been convicted of a felony (excluding any sealed or expunged convictions)? _____
(NOTE: No applicant will be denied employment solely on the grounds of a conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.) If yes, explain: _____

Have you worked under names other than that shown above? No Yes (give names): _____

General Information About Employment Desired

Position desired _____ Salary range desired: _____

FT Date available to begin work: _____ PT * Casual* Temporary* Seasonal*

*Days/hours/months available to work: _____

Can you travel if required?: No Yes Are you currently employed? No Yes

Are you currently bound by a Non-Compete Agreement? No Yes

Education and Training (Include on-the-job training): _____

	<u>School/Location/Sponsor</u>	<u>Course of Study</u>	<u>Dates Attended</u>
High School			
Community College			
Trade School			
College/University			
Diplomas:	Degrees:	Prof. Memberships:	Licenses/Certificates (State & Cert. #)

Special Skills

Do you speak, write or understand any foreign languages? No Yes

If yes, which language(s)? _____

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at Hospice/VNA? No Yes, explain in detail below:

Do you have any physical, mental or medical impairment or disability that would limit your job performance for the position for which you are applying. No Yes

If yes, please explain: _____

Are there workplace accommodations which would assure better job placement and/or enable you to perform your job to your maximum capacity? No Yes

If yes, please indicate: _____

Office Skills	Field Skills <i>(for clinical personnel only)</i>	Computer Skills
<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Not applicable	<input type="checkbox"/> Not Applicable
<input type="checkbox"/> Multi-line Phones	<input type="checkbox"/> Hospice experience	<input type="checkbox"/> WordPerfect _____(version)
<input type="checkbox"/> Postage Meter	<input type="checkbox"/> Prev. Home Health Experience	<input type="checkbox"/> MS Word _____(version)
<input type="checkbox"/> Facsimile Machine	<input type="checkbox"/> IV Infusions	<input type="checkbox"/> MS Publisher
<input type="checkbox"/> Adding Machine	<input type="checkbox"/> Cadd Pump	<input type="checkbox"/> MS Access
<input type="checkbox"/> Customer Service Experience	<input type="checkbox"/> Portacaths	<input type="checkbox"/> Excel
<input type="checkbox"/> Dictation/Shorthand	<input type="checkbox"/> Case Management	<input type="checkbox"/> Lotus
<input type="checkbox"/> Typing _____ wpm	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Windows _____(version)
<input type="checkbox"/> Data Entry _____ cwpm	_____	<input type="checkbox"/> PowerPoint
<input type="checkbox"/> Other: _____	_____	<input type="checkbox"/> Other: _____
_____	_____	_____

Summarize other relevant experience, skills and background:

EMPLOYMENT HISTORY

List all previous employers starting with your present or most recent position (last 10 years is sufficient) below. PLEASE COMPLETE ALL INFORMATION EVEN IF YOU SUBMITTED A RESUME. Explain any gaps in employment & provide all requested information.

Company:	Position Held:
Address:	Dates of Employment: TO
Telephone #: Fax #:	Starting Pay: Ending Pay:
Supervisor:	Duties:
May we contact this employer?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later If No, reason:	Reason for Leaving:

Company:	Position Held:
Address:	Dates of Employment: TO
Telephone #: Fax #:	Starting Pay: Ending Pay:
Supervisor:	Duties:
May we contact this employer?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later If No, reason:	Reason for Leaving:

Company:	Position Held:
Address:	Dates of Employment: TO
Telephone #: Fax #:	Starting Pay: Ending Pay:
Supervisor:	Duties:
May we contact this employer?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later If No, reason:	Reason for Leaving:

Company:	Position Held:
Address:	Dates of Employment: TO
Telephone #: Fax #:	Starting Pay: Ending Pay:
Supervisor:	Duties:
May we contact this employer?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later If No, reason:	Reason for Leaving:

Explain gaps in employment history:

Please **Read and Initial** Each Paragraph Below (if there is any part of this page you do not understand, please ask the interviewer or contact the Human Resources Department for clarification before signing).

Initial

I understand that the application process or participation in any interview process does not express or imply an employment relationship. I further understand that this application is only considered active 30 days within the date that the application is completed. I understand that I must reapply for any other position by completing a new employment application following those 30 days.

I hereby authorize Hospice/VNA to thoroughly investigate my references, work records, education and other matters related to my suitability for employment and, further, authorize my current and former employers to disclose to the company any and all letters, reports and other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release Hospice/VNA, my current and former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

I understand that any offer of employment may be contingent on my passing a pre-employment medical examination. I understand that failure to pass the physical may result in withdrawal of the employment offer.

If hired, I agree that Hospice/VNA may conduct alcohol or drug screening at its sole discretion with or without notice, with or without cause or reason and that refusal to submit to a random alcohol/drug screen will be considered a voluntary resignation of employment.

I understand that nothing contained in this application or conveyed to me during any interview is intended to create an employment contract, implied or explicit. In addition, I understand and agree that any employment relationship with Hospice/VNA is strictly voluntary and at our mutual will, for no definite period and may be terminated at any time, with or without prior notice, cause or reason, by either myself or Hospice/VNA. I understand that promises or representations contrary to the forgoing are not binding unless made in writing and signed jointly by the President/ CEO and myself.

I understand and agree that any future changes in title, duties, compensation, working conditions, and/or benefits and policies and procedures will not alter our at-will agreements.

I understand that, as a condition of employment, I may be required to submit proof of my identity and legal right to work in the United States on my first day of employment.

In addition, any offer of employment will also be contingent upon background check results to include, criminal background histories, references, licensure verification, etc.

If the position applied for requires driving in the course of work, I understand that I will be required to possess a current and valid Florida driver's license and to provide proof of insurance. I also understand that any offer of employment is contingent on my ability to be covered by auto insurance, if required for my position, and that Hospice/VNA will conduct a Motor Vehicle Record Check upon offer of employment regardless of my position and annually thereafter.

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

In consideration for employment with Hospice/VNA, I agree to conform to the rules, regulations, policies and procedures of Hospice/VNA at all times if employed and understand that such compliance is a condition of employment. I understand that attendance and punctuality are considered essential requirements for any position in this agency.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Signature

Date

Rev. 10/01, 11/03
Employment Application

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**HOSPICE OF THE FLORIDA KEYS, INC.
& VISITING NURSE ASSOCIATION
APPLICANT PROFESSIONAL REFERENCE CHECK**

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APPLICANT NAME: _____ **DATE:** _____
SOCIAL SECURITY NO.: _____ **POSITION SOUGHT:** _____
DATES OF EMPLOYMENT WITH REFERENCE CONTACT: _____

I hereby authorize Hospice/VNA to thoroughly investigate my references, work records, education and other matters related to my suitability for employment and, further, authorize my current and former employers to disclose to the company any and all letters, reports and other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release Hospice/VNA, my current and former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Applicant Signature of Consent: _____ **Date:** _____

I REQUEST THAT A REFERENCE VERIFICATION BE SENT TO:

REFERENCE CONTACT NAME: _____ **TITLE:** _____

COMPANY/INSTITUTION: _____

TEL. NO.: _____ **FAX NO.:** _____

MAILING ADDRESS: _____
STREET CITY STATE ZIP

DATES OF EMPLOYMENT: _____ **TO** _____ **POSITION HELD:** _____

REASON FOR TERMINATION: _____ **VOLUNTARY** **INVOLUNTARY**

IS APPLICANT ELIGIBLE FOR RE-HIRE?: **YES** **NO** **IF NO, WHY NOT?:** _____

WERE YOU THE APPLICANT'S SUPERVISOR? **YES** **NO**, what was your working relationship with the applicant?

MAJOR DUTIES PERFORMED BY THE APPLICANT: _____

PLEASE EVALUATE THE FOLLOWING BY CIRCLING YOUR CHOICE

ABILITY TO WORK WITH OTHERS	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR
QUALITY OF WORK	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR
ATTENDANCE	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR
ADHERENCE TO COMPANY POLICY	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR
RELIABILITY & DEPENDABILITY	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR

COMMENTS:

PRINTED NAME OF PERSON COMPLETING REFERENCE: _____

TITLE: _____ **SIGNATURE:** _____ **DATE:** _____

EMPLOYER: PLEASE RETURN THIS REFERENCE REQUEST IN THE ENCLOSED ENVELOPE. IF YOU ARE ABLE, PLEASE FAX YOUR RESPONSE TO THE NUMBER BELOW BEFORE MAILING THE ORIGINAL IN ORDER TO EXPEDITE THE PROCESSING OF THIS APPLICANT.

HOSPICE OF THE FLORIDA KEYS, INC. & VISITING NURSE ASSOCIATION - HUMAN RESOURCES DEPARTMENT
1319 WILLIAM STREET, KEY WEST, FL 33040 • tel: 305/294-8812 fax: 305/294-9348

**HOSPICE OF THE FLORIDA KEYS, INC.
& VISITING NURSE ASSOCIATION
APPLICANT PROFESSIONAL REFERENCE CHECK**

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APPLICANT NAME: _____ DATE: _____
 SOCIAL SECURITY NO.: _____ POSITION SOUGHT: _____
 DATES OF EMPLOYMENT WITH REFERENCE CONTACT: _____

I hereby authorize Hospice/VNA to thoroughly investigate my references, work records, education and other matters related to my suitability for employment and, further, authorize my current and former employers to disclose to the company any and all letters, reports and other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release Hospice/VNA, my current and former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Applicant Signature of Consent: _____ Date: _____

I REQUEST THAT A REFERENCE VERIFICATION BE SENT TO:

REFERENCE CONTACT NAME: _____ TITLE: _____

COMPANY/INSTITUTION: _____

TEL. NO.: _____ FAX NO.: _____

MAILING ADDRESS: _____
STREET CITY STATE ZIP

DATES OF EMPLOYMENT: _____ TO _____ POSITION HELD: _____

REASON FOR TERMINATION: _____ VOLUNTARY INVOLUNTARY

IS APPLICANT ELIGIBLE FOR RE-HIRE?: YES NO IF NO, WHY NOT?: _____

WERE YOU THE APPLICANT'S SUPERVISOR? YES NO, what was your working relationship with the applicant? _____

MAJOR DUTIES PERFORMED BY THE APPLICANT: _____

PLEASE EVALUATE THE FOLLOWING BY CIRCLING YOUR CHOICE

ABILITY TO WORK WITH OTHERS	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR
QUALITY OF WORK	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR
ATTENDANCE	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR
ADHERENCE TO COMPANY POLICY	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR
RELIABILITY & DEPENDABILITY	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR

COMMENTS: _____

PRINTED NAME OF PERSON COMPLETING REFERENCE: _____

TITLE: _____ SIGNATURE: _____ DATE: _____

EMPLOYER: PLEASE RETURN THIS REFERENCE REQUEST IN THE ENCLOSED ENVELOPE. IF YOU ARE ABLE, PLEASE FAX YOUR RESPONSE TO THE NUMBER BELOW BEFORE MAILING THE ORIGINAL IN ORDER TO EXPEDITE THE PROCESSING OF THIS APPLICANT.

**HOSPICE OF THE FLORIDA KEYS, INC. & VISITING NURSE ASSOCIATION - HUMAN RESOURCES DEPARTMENT
1319 WILLIAM STREET, KEY WEST, FL 33040 • tel: 305/294-8812 fax: 305/294-9348**

**HOSPICE OF THE FLORIDA KEYS, INC.
& VISITING NURSE ASSOCIATION
PERSONAL REFERENCE CHECK**

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APPLICANT NAME: _____ **DATE:** _____

POSITION SOUGHT: _____

I hereby authorize Hospice/VNA to thoroughly investigate my references, work records, education and other matters related to my suitability for employment and, further, authorize my current and former employers to disclose to the company any and all letters, reports and other information pertaining to my employment with them, without giving me prior notice of such disclosure.

In addition, I hereby release Hospice/VNA, my current and former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Applicant Signature of Consent: _____ **Date:** _____

I REQUEST THAT A REFERENCE VERIFICATION BE SENT TO:

REFERENCE CONTACT NAME: _____

TEL. NO.: _____ **FAX NO.:** _____

MAILING ADDRESS: _____
STREET CITY STATE ZIP _____

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PERSONAL REFERENCE:

HOW DO YOU KNOW THIS APPLICANT?:

HOW LONG HAVE YOU KNOWN THIS APPLICANT? :

COMMENTS THAT WILL HELP US IN CONSIDERING THIS APPLICANT FOR A POSITION WITH OUR ORGANIZATION:

PRINTED NAME OF PERSON COMPLETING REFERENCE: _____

SIGNATURE: _____ **DATE:** _____

EMPLOYER: PLEASE RETURN THIS REFERENCE REQUEST IN THE ENCLOSED ENVELOPE. IF YOU ARE ABLE, PLEASE FAX YOUR RESPONSE TO THE NUMBER BELOW BEFORE MAILING THE ORIGINAL IN ORDER TO EXPEDITE THE PROCESSING OF THIS APPLICANT.

HOSPICE OF THE FLORIDA KEYS, INC. & VISITING NURSE ASSOCIATION - HUMAN RESOURCES DEPARTMENT

1319 WILLIAM STREET, KEY WEST, FL 33040 • tel: 305/294-8812 fax: 305/294-9348

Hospice of the Florida Keys, Inc./VNA:BER-10/01 (Rev. 11/03) - Employment Application - Reference Request/Personal

**HOSPICE OF THE FLORIDA KEYS, INC.
& VISITING NURSE ASSOCIATION
EDUCATION VERIFICATION**

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APPLICANT NAME: _____ **DATE:** _____

SOCIAL SECURITY NO.: _____ **POSITION SOUGHT:** _____

I hereby authorize Hospice/VNA to thoroughly investigate my references, work records, education and other matters related to my suitability for employment and, further, authorize my current and former employers to disclose to the company any and all letters, reports and other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release Hospice/VNA, my current and former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Applicant Signature of Consent: _____ **Date:** _____

I REQUEST THAT A REFERENCE VERIFICATION BE SENT TO:

ATTENTION: OFFICE OF THE REGISTRAR

INSTITUTION: _____

TEL. NO.: _____ **FAX NO.:** _____

MAILING ADDRESS: _____ **STREET** _____ **CITY** _____ **STATE** _____ **ZIP** _____

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EDUCATIONAL INSTITUTIONS:

LIST DEGREE OR CERTIFICATE GRANTED OR COURSEWORK SUCCESSFULLY COMPLETED IF DEGREE/CERTIFICATE WAS NOT GRANTED: Please attach academic certification as applicable.

DATES COMPLETED: _____

COMMENTS:

PRINTED NAME OF PERSON COMPLETING REFERENCE: _____

TITLE: _____ **SIGNATURE:** _____ **DATE:** _____

EMPLOYER: PLEASE RETURN THIS REFERENCE REQUEST IN THE ENCLOSED ENVELOPE. IF YOU ARE ABLE, PLEASE FAX YOUR RESPONSE TO THE NUMBER BELOW BEFORE MAILING THE ORIGINAL IN ORDER TO EXPEDITE THE PROCESSING OF THIS APPLICANT.

HOSPICE OF THE FLORIDA KEYS, INC. & VISITING NURSE ASSOCIATION - HUMAN RESOURCES DEPARTMENT
1319 WILLIAM STREET, KEY WEST, FL 33040 • tel: 305/294-8812 fax: 305/294-9348

Hospice of the Florida Keys, Inc./VNA:BER-10/01 (Rev. 11/03) - Employment Application - Reference Request/Education