

***Thank you for your interest in employment at Hospice of the Panhandle, Inc.***

## ***Our Mission Statement***

### **Mission:**

Hospice of the Panhandle provides compassionate end-of-life and palliative care and serves as a resource to the community for these and related issues.

## ***Our Vision Statement***

1. All who would benefit from palliative care will choose to receive it from us.
2. All with a prognosis of 6 months or less will choose to receive hospice care from us.
3. All who would benefit from bereavement support will choose to receive it from us.

## ***Our Hospice Philosophy***

Hospice is palliative care for persons in the terminal phase of illness. It neither hastens nor postpones death, but affirms life, emphasizing quality, not length.

Hospice affirms the innate value of human life, the potential for self-growth during and after times of crisis, and the right of each human being to freedom of choice.

Hospice endeavors to allow patients to live with dignity, alert and pain-free, while involving families and loved ones in giving care. An essential goal is to provide an environment where patients and families have the opportunity for mental and spiritual preparation for death.

Hospice of the Panhandle embraces the team approach to the provision of care and recognizes the patient and family to be the focus of care.

Hospice care encompasses support of the bereaved, recognizing the process of mourning a loss as an important facet of human growth.

Hospice of the Panhandle believes that all terminally ill people have the right to hospice services regardless of age, gender, nationality, race, creed, sexual orientation, disability, diagnosis, ability to pay or type of residence.

Hospice staff and volunteers deliver care in a non-judgmental manner with the highest degree of respect, courtesy, and professional ethics.

***After reviewing the Mission, Vision and Philosophy, if you are still interested in employment at Hospice, please complete an Application for Employment.***

# HOSPICE OF THE PANHANDLE, INC.

122 Waverly Court  
Martinsburg, WV 25401

## APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

Please print or type, complete both sides, and return your completed application to the Hospice office. This application will be considered void and will not be considered further if the applicant places any extraneous or unrequested comments on the form. Applicants are instructed not to provide any information that might reflect on their protected status, e.g. race or religion. If additional space is required to fully and properly respond to any question on this application, please use a separate sheet or paper and sign and attach it to this application form.

I have reviewed the Mission, Vision and Philosophy Statements of Hospice and I am still interested in applying for the following

**Position(s):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name**(as it appears on your Social Security card) \_\_\_\_\_

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

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

\_\_\_\_\_ Street City State Zip

**Telephone Number** ( ) \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

Are you 18 years of age or older? \_\_\_ Yes \_\_\_ No Are you legally eligible for employment in the United States? \_\_\_ Yes \_\_\_ No  
Proof of citizenship or immigration status will be required immediately upon employment.

Were you ever employed by Hospice of the Panhandle before? \_\_\_ No \_\_\_ Yes If yes, complete the following:

Dates of employment from: \_\_\_\_\_ to \_\_\_\_\_ Position Title: \_\_\_\_\_ Reason for leaving? \_\_\_\_\_

What was your last name then, if different from your current name? \_\_\_\_\_

Do you have any relatives employed at Hospice? \_\_\_ No \_\_\_ Yes If "Yes", list the name and relationship of each: \_\_\_\_\_

Have you been convicted or plead guilty to or nolo contendere to a felony? \_\_\_ No \_\_\_ Yes

(Convictions will not necessarily disqualify an applicant from employment).

If "Yes", please explain: \_\_\_\_\_

Have you been debarred, excluded or otherwise ineligible for participation in federal or state health care programs?

\_\_\_ No \_\_\_ Yes If "Yes", please explain: \_\_\_\_\_

Have you ever had your professional license suspended or revoked? \_\_\_ No \_\_\_ Yes If "Yes", please explain: \_\_\_\_\_

**AVAILABILITY:** ( ) Full-time ( ) Part-time ( ) Occasional Part-time (OPT, as needed) ( ) Temporary  
( ) Weekends ( ) Day ( ) Evening ( ) Night Date available for Work: \_\_\_\_\_

Professional license, registration or certificate number \_\_\_\_\_ State of issuance \_\_\_\_\_ Expiration Date \_\_\_\_\_

**EMPLOYMENT HISTORY:** Please provide the requested information about your past three employers, beginning with your most recent employer.

<b>Employer's Name:</b>	<b>Employed: (Date=Month/Yr)</b> From :                      To:	<b>Position:</b> Scheduled hours per week:
Address & Zip Code:		Duties:
Phone Number:	Final base rate of pay?	
Supervisor:	Reason for leaving?	
When may we contact?		

**Explanation of time lapse (if any) between above and below dates:**

<b>Employer's Name:</b>	<b>Employed:(Date=Month/Yr)</b> From :                      To:	<b>Position:</b> Scheduled hours per week:
Address & Zip Code:		Duties:
Phone Number:	Final base rate of pay?	
Supervisor:	Reason for leaving?	
When may we contact?		

**Explanation of time lapse(if any) between above and below dates:**

<b>Employer's Name:</b>	<b>Employed:(Date=Month/Yr)</b> From:                      To:	<b>Position:</b> Scheduled hours per week:
Address & Zip Code:		Duties:
Phone Number:	Final base rate of pay?	
Supervisor:	Reason for leaving?	
When may we contact?		

**Explanation of time lapse(if any) between above and below dates:**

EDUCATION	MAJOR OR TYPE OF STUDY	YEARS COMPLETED	DID YOU GRADUATE?
High School Diploma			
College Degree			
Technical School			
Other			

**SPECIAL SKILLS:** ( ) Typing \_\_\_\_\_WPM ( ) Personal Computer ( ) Calculator ( ) Word Processing Programs ( ) Spreadsheets  
( ) Supervision ( ) Medical Terminology ( ) Other Skills\_\_\_\_\_

List any additional qualifications relevant to your ability to perform the position applied for: \_\_\_\_\_

Special courses or training:\_\_\_\_\_

Good attendance is important. Do you know any reason, other than disability or required military service, why you may not be able to be at work regularly and on time? \_\_\_\_\_

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**APPLICANT’S STATEMENT: (*Read Carefully*)**

I certify that the information given by me in this application is true and complete in all respects and I understand that any falsification, misrepresentation or omission, made by me in this application or any other related document or interview(s), will be sufficient for the rejection of my application or for my immediate discharge should such falsification, misrepresentation or omission be discovered after I am employed.

I have completed this application with the sincere intent to become a regular employee of Hospice and not for an undisclosed temporary or ulterior motive.

I authorize the investigation by Hospice of all statements contained in this application for employment, in written or oral form, from any source, including, but not limited to: my employers, all educational institutions I have attended, and my professional and personal references, regarding my performance, my abilities, and my reputation; and I release all such persons from any liability or damages incurred as a result of this inquiry and/or the furnishing of this information.

I consent to any pre-employment physical examination(s) and such future physical examinations as may be required by Hospice. I further consent and agree to any drug or alcohol test that Hospice may request me to take part of or separate from any such physical examinations.

I understand that this Application for Employment is not intended to create a contract of employment, expressed or implied, or an obligation on Hospice, and does not alter, restrict or change the employment “at will” status of myself or any other employee. “At will” employees are employed for no definite period of time. Just as I would be free to leave employment at any time and for any reason or no reason, Hospice may also terminate my employment relationship at any time, with or without notice, at its sole discretion. I will abide by all rules, policies, and procedures of Hospice whether written or unwritten and whether formally communicated to me, as may be modified, changed or added to in the future by Hospice at its discretion.

Subject to any reasonable accommodation as may be required by law, the needs of Hospice may make the following conditions mandatory: overtime, on-call, call-back, call-in, shift work, a rotating work schedule, or a work schedule other than the schedule I may be offered upon employment. If employed, I accept these conditions.

If employed, I agree that Hospice may take, make and use my likeness, name, photograph, voice and image in any educational, instructional, marketing or other business related activities of Hospice.

I understand that this application for employment shall be considered active for a period of 90 days. If I wish to be considered for employment beyond this period, I should inquire as to whether applications are being accepted at that time and submit a new, complete application if applications are being accepted.

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**Applicant’s Signature**

**Date**



## STANDARDS OF BEHAVIOR

### I. ACCOUNTABILITY

- I take responsibility for my actions.
- I am familiar with and I follow HOTP policies and procedures.
- If I don't know, I'll find out or I'll find someone who does.

### II. COMMUNICATION & TRUST

- I maintain confidentiality regarding patient and organizational information, and respect patients' privacy at all times.
- I speak directly to others about issues or concerns that I may have.
- I avoid gossip and negativity and respect my coworkers' privacy.
- I ask patients and families, "Is there anything else I can do for you?"

### III. ATTITUDE & APPEARANCE

- I talk about my co-workers in a positive light, explaining their many talents.
- I am flexible, open to change and seek ways to constantly improve.
- I follow the dress code, representing Hospice at all times in a neat and professional manner.

### V. TEAMWORK

- I communicate in an open, appropriate and timely manner.
- I offer assistance when others are having difficulties or need help.
- I am supportive, not critical or judgmental.
- I value and rely on the expertise of all team members.

### VI. SENSE OF OWNERSHIP

- I am a dependable and reliable employee.
- I maintain a clean and safe work environment.
- I initiate resolution when I recognize that something needs to be done.

### VII. PROFESSIONAL COURTESY

- I respect and honor patients/families and co-workers' beliefs, culture and values.
- I answer the phone politely and professionally.
- I am approachable and welcome everyone in a friendly manner.
- I do not allow my cell phone to become intrusive or disruptive.

I understand and agree to follow the standards listed above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_