



209 Grant Street
Chambersburg, PA
17201

301-791-6360
Fax 301-791-6832

EMPLOYMENT APPLICATION

In conformity with applicable laws, Franklin Hospice is an Equal Opportunity Employer and does not discriminate on the basis of race, color, creed, religion, sex, sexual orientation, age, marital status, national origin, or disability.

1. Name _____

Last

First

Middle

2. Address _____

Street

City

State

Zip Code

3. Social Security Number _____ - _____ - _____

4. Telephone Number Please supply the best telephone # to contact you and indicate if this is your home,
cell or other number _____ Home ____ Cell ____ Other ____

5. Email Address _____

6. Position Applying for _____

Full-time ____

Part-time ____

Per diem ____

7. Are you willing to work Overtime ____ Evenings ____ Weekends ____ Holidays ____ On call ____

8. How many hours are you available to work per week? Minimum ____ Maximum ____

9. Salary expected \$ _____ Date available _____

10. Have you previously worked for HWC? Yes ____ No ____

If yes, list dates and titles _____

11. Have you previously applied for employment with HWC?

Yes ____ (Date _____) No ____

12. How did you hear about this position?

- Employee referral
- Facebook
- LinkedIn
- Indeed
- HWC Website
- Other _____

11. Education

Name and Location of School	Did You Graduate?		Major Course/ Degree Received
High School _____	Yes _____	No _____	_____
City _____ State _____			_____
College _____	Yes _____	No _____	_____
City _____ State _____			_____
Trade/Business _____	Yes _____	No _____	_____
City _____ State _____			_____
Other _____	Yes _____	No _____	_____
City _____ State _____			_____

12. Licenses or Certifications

Type of License/Certification	License #	State	Year Received	Expiration

13. Prior Employment (Must be completed)

Name of Present or Last Employer		Telephone Number	
Street Address	City	State	Zip Code
Starting Salary	Ending Salary	Were you disciplined? (Warnings, suspension, discharge) Yes _____ No _____	
Position Held	Supervisor Name	Starting Date	Ending Date

Reason for Leaving			
Name of Previous Employer		Telephone Number	
Street Address	City	State	Zip Code
Starting Salary	Ending Salary	Were you disciplined? (Warnings, suspension, discharge) Yes _____ No _____	
Position Held	Supervisor Name	Starting Date	Ending Date
Reason for Leaving			
Name of Previous Employer		Telephone Number	
Street Address	City	State	Zip Code
Starting Salary	Ending Salary	Were you disciplined? (Warnings, suspension, discharge) Yes _____ No _____	
Position Held	Supervisor Name	Starting Date	Ending Date
Reason for Leaving			

Name of Previous Employer		Telephone Number	
Street Address	City	State	Zip Code
Starting Salary	Ending Salary	Were you disciplined? (Warnings, suspension, discharge) Yes _____ No _____	
Position Held	Supervisor Name	Starting Date	Ending Date
Reason for Leaving			

If you had disciplinary problems with any previous employer and/or if the current job license you hold has any disciplinary issues please describe the circumstances.

14. Criminal Background

Have you ever been convicted of a crime or received a verdict of anything other than not guilty in any criminal investigation or proceeding? Yes _____ No _____

If yes, describe when the conviction occurred, the facts and circumstances, and any facts pertaining to

rehabilitation. (Do not list any criminal charges for which the records have been expunged. A criminal offense will not necessarily bar employment).

15. Polygraph/Lie Detector Test

Under Pennsylvania Law, an employer may not require or demand any applicant for employment or prospective employment or any employee to submit to or take a polygraph, lie detector or similar test or examination as a condition of employment or continued employment. Any employer who violates this provision is guilty of a misdemeanor and subject to a fine not to exceed \$100.00.

Signature

Date

16. Additional Information

Please Check One
Yes No

Are you currently employed?		
May we contact your current employer?		
Are you currently on “lay off” status and subject to recall?		
If you are under 18 years of age, can you provide proof of your eligibility to work?		
If hired, can you provide proof of U.S. citizenship or proof of your legal right to work in the U.S.?		
Are you able to perform all of the essential functions of the job for which you are applying with or without reasonable accommodation?		
If hired, are there any accommodations the company would need to provide so that you can perform all of the essential functions and duties of the position? If Yes, please explain:		
If hired, do you have a reliable means of transportation to and from work?		
If hired, would you be able to travel or work overtime as needed?		
If hired, can you meet the attendance requirements of the position?		

INFORMATION FOR APPLICANT

Please read each statement closely and initial each acknowledging your understanding.

Equal Employment Opportunity Statement

Franklin Hospice is committed to the principles of equal employment opportunity and is committed to make employment decisions based on merit. Franklin Hospice is committed to complying with all Federal, State and local laws providing for equal employment opportunities, as well as all laws related to terms and conditions of employment. Franklin Hospice desires to maintain a work environment that is free of sexual harassment and discrimination due to race, religion, color, national origin, physical or mental disability, age or any other status protected by Federal, State or local laws. Franklin Hospice will make reasonable efforts to accommodate those physical or mental limitations of an otherwise qualified employee unless undue hardship would result for the company.

Discrimination and Sexual Harassment Policy Statement

Franklin Hospice will not tolerate any form of unlawful discrimination, including sexual harassment. An employee who engages in unlawful discrimination or sexual harassment will be subject to appropriate discipline, up to and including termination. Prohibited sexual harassment is defined as follows: Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature constitutes sexual harassment when (1) submission to such conduct is made whether explicitly or implicitly a term or condition of an individual's employment; (2) Submission to or action of such conduct by an individual is used as the basis for employment decisions affecting such individuals; or (3) Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive work environment.

Disclosure to Applicants Concerning Drug/Alcohol Testing

If you are offered a position with Franklin Hospice you will be given a drug/alcohol test as a condition of employment. Your refusal to timely submit to a drug/alcohol test or your failure to pass such a test means you will not be employed by Franklin Hospice neither the collector of specimens nor the medical professional who reviews the test results will be a company employee. The test results will be kept confidential. Negative test results are required as a condition of employment.

Complete and Accurate Information

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I have personally completed this application. I understand that any omission or misstatement of material fact on this application, or any other document used to secure employment, shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

At-Will Employment

I understand and agree that if I am employed, my employment will be “at-will”, which means that Franklin Hospice may terminate the employment relationship at any time, with or without cause and with or without notice. Likewise, Franklin Hospice will respect my right to terminate my employment at any time, with or without cause and with or without notice. I further understand that any prior representation, whether expressed or implied to the contrary is hereby superseded and that no promise or representation contrary to the foregoing is binding on the Franklin Hospice unless made in writing and signed by the Chief Executive Officer.

Testing Authorization

If offered a position with Franklin Hospice, I hereby agree to any legally permitted physical, psychological, skill, drug or medical test required by Franklin Hospice as a condition of employment.

Investigation Authorization

I authorize investigation into all statements and references contained in this application. This investigation may include credit, driving, criminal background, references and other background checks.

Franklin Hospice Obligation

I understand and agree that the acceptance of the job application does not mean that a position for which I am qualified is open (unless specifically posted) or that Franklin Hospice. has agreed to hire me. I understand that Franklin Hospice is under no obligation to hire me as a result of accepting this completed application.

**I HAVE READ AND UNDERSTAND THE ABOVE POLICY STATEMENTS AND
AGREE TO BE BOUND BY THEM IF EMPLOYED BY THE COMPANY.**

Signature of Applicant

Date