

Community Loving Care Hospice, L.L.C.
Serving Northeast Missouri

Corporate Office
251 East Pearce Blvd
Wentzville, MO 63385-1529

Satellite Office
914 West Main St
Bowling Green, MO 63334-1249

www.clchospice.com

EMPLOYMENT APPLICATION

If you need help in filling out this application or during any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

APPLICANT INSTRUCTIONS

1. Please read "APPLICANT NOTE".
2. Complete all sections of this form.
3. If more space is needed to complete any question, use the "COMMENTS" section.
4. Print clearly; incomplete or illegible applications will not be processed

APPLICANT NOTE

This employment application is intended for use in evaluating your qualification for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, color, religion, national origin, ancestry, ethnicity, disability, serious medical condition, veteran status, or any other legally protected status. A felony conviction will not necessarily bar an applicant from employment.

INSTRUCTIONS: Please print clearly. Complete all information as thoroughly as possible.

LAST NAME	FIRST NAME	MIDDLE INITIAL
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ADDRESS	CITY	STATE	ZIP
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SOCIAL SECURITY NUMBER - -

HOME TELEPHONE NUMBER ()

DATE OF APPLICATION

Are you under 18 years of age? YES <input type="checkbox"/> NO <input type="checkbox"/>
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Have you ever been employed by Community Loving Care Hospice, L.L.C.? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, where? _____
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For what position are you applying? _____
Date available? _____ Salary desired? _____

Availability? Full Time _____ Part Time _____ Co-Op _____ Summer _____ Temporary _____
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Are you legally authorized to work in the United States of America? (Proof of identity, authorization for employment and completion of I-9 form will be required upon employment.) YES <input type="checkbox"/> NO <input type="checkbox"/>
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COMMUNITY LOVING CARE HOSPICE, L.L.C. IS AN EQUAL OPPORTUNITY EMPLOYER

Have you been provided with a job description including the essential elements of the position for which you are applying?

YES

NO

If YES, are you able, with or without a reasonable accommodation, to perform these functions?

YES

NO

EDUCATION	Name and Address Of School	Course of Study	Number of Years Completed	Diploma /Degree*
High School				
College				
Graduate School				
Other (Specify)				

Note: It may be necessary for you to provide a certified copy of your transcript, professional license or certification.

Scholastic Honors, Scholarships, etc. _____

List Publications, Thesis, etc. _____

What foreign languages do you speak fluently? _____ Read? _____ Write? _____

Are you related to anyone currently employed by Community Loving Care Hospice, L.L.C.? YES NO

If YES, please state their name and location _____

Have you ever been employed under a different name (NOTE: This information is needed for background check purposes only)?

YES

NO

If so, please provide name(s): _____

Have you ever been excluded from participating in the Medicare or any Medicaid program? YES NO

PROFESSIONAL AFFILIATION, SOCIETIES & ORGANIZATIONS

(You may exclude those which indicate race, color, religion, gender, creed, ancestry, marital status, age, national origin, or disability.)

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone			
Job Title	Salary/Hourly Rate		
Supervisor	Starting	Final	
Reason for Leaving			If you are presently employed, is there any reason why we could not contact your employer? Yes No Explain in "Comments" section

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone			
Job Title	Salary/Hourly Rate		
Supervisor	Starting	Final	
Reason for Leaving			

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone			
Job Title	Salary/Hourly Rate		
Supervisor	Starting	Final	
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Employer	Dates Employed		Work Performed
Address	From	To	
Telephone			
Job Title	Salary/Hourly Rate		
Supervisor	Starting	Final	
Reason for Leaving			

PERSONAL REFERENCES

(Do not include relatives)

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

How were you referred? Advertisement/Newspaper: _____

Agency _____ Friend/Employee of CLC Hospice, L.L.C. _____ Other _____

Are you listed on any Employee Disqualification List? YES NO

Have you ever been convicted of a felony by any enforcement authorities for any violation of any law, regulation, or ordinance within the last seven years? Include any court martial while in the military. Do not include misdemeanor traffic violations for which the only penalty imposed was a monetary fine. YES NO

If YES, Explain Below:

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

Offense	Date	City/State	Final Action

Do you understand that the illegal use of drugs is prohibited during employment? YES NO

Are you aware that Community Loving Care Hospice, L.L.C. may require you to submit to pre-employment and/or random drug-screening testing? YES NO

I hereby consent to periodic, random, or otherwise scheduled drug testing and agree that successful completion of such tests may become or remain a condition of employment. Please **enter your** initials to show your understanding of this requirement.

IN ACCORDANCE WITH Community Loving Care Hospice, L.L.C. POLICY, FAILING A SUBSTANCE ABUSE TEST MAY PREVENT YOUR BEING EMPLOYED OR BE A CAUSE FOR TERMINATION BY Community Loving Care Hospice, L.L.C.

As part of your job duties, you may occasionally be required to drive a Community Loving Care Hospice, L.L.C. owned vehicle, your personal vehicle or a vehicle rented on behalf of yourself while you are performing Community Loving Care Hospice, L.L.C. business. If this is the case, you will be required to provide drivers license information to enable Community Loving Care Hospice, L.L.C. to conduct a check of your driving record (initially and annually) and proof of automobile insurance. This check is for insurance coverage reasons. Please **enter your initials** to indicate your awareness of this potential requirement. _____

COMMENTS

I authorize investigation of all statements contained in this application for employment as may be necessary to verify the accuracy of my representations prior to arriving at an employment decision, or any time during employment. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application and/or termination at any time during my employment.

In the event that I am offered and accept employment with Community Loving Care Hospice, L.L.C., I consent to enter into a binding agreement governing intellectual property, designs, and developments, which assigns all protectable rights in my work to Community Loving Care Hospice, L.L.C. pursuant to the terms of such agreements. I understand that any offer of or continued employment may be conditioned upon my entering into such an agreement governing the assignment of intellectual property.

I authorize Community Loving Care Hospice, L.L.C. and/or its agents to verify any of this information including, but not limited to, criminal history, motor vehicle driving records, social security number and background information checked via the Missouri Family Care Registry. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information.

In consideration of any employment with the Company that may result from this application, I agree not to use confidential property or information of the Company, its customers, and/or suppliers, pertaining to or including, among other items, products, customer lists, methods, procedures, processes, financial information, business planning, and list of employees for any cause or reason which will attempt to solicit or induce any Customer of the Company to terminate, curtail, or modify its business relationship with the Company. I agree not to directly or indirectly induce or encourage any employee of the Company to terminate, curtail, or modify said employee's relationship with the Company or to establish any employment or independent contractor relationship with any other business or corporation.

I understand that some employee benefits or plans, such as, but not limited to, health benefits coverage(s), incentive compensation plan(s), incentive stock option plan(s), or others, that may be offered by Community Loving Care Hospice, L.L.C. may be modified or otherwise change from time to time and do not constitute in whole or in part an on-going obligation of employment or contract between me and Community Loving Care Hospice, L.L.C. I understand that Community Loving Care Hospice, L.L.C. retains sole right to change these plans at its discretion.

I hereby understand and acknowledge that any employment relationship that may be entered into with Community Loving Care Hospice, L.L.C. is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time, with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document, by oral statement, or by any other means except an express written contract of employment, stated to be a contract, signed by an officer of Community Loving Care Hospice, L.L.C.

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief.

APPLICANT SIGNATURE	DATE

Revision: Eighth
Dated: 4/20/2009