

PLEASE READ AND SIGN BELOW. IF THERE IS ANY PART OF THIS STATEMENT YOU DO NOT UNDERSTAND, PLEASE ASK THE DIRECTOR OF ADMINISTRATIVE SERVICES OR THE INTERVIEWER ABOUT IT BEFORE SIGNING THIS STATEMENT.

I certify that I have not knowingly withheld any information that might 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, the undersigned applicant, have personally completed this application. It is understood and agreed upon that any misrepresentation by me on this application, or any documents used to secure employment, will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed regardless of the time elapsed before discovery.

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

I understand that nothing contained in the application or conveyed to me during my interview, which may be granted, is intended to create an employment contract, implied or explicit, between Hospice of Hope and me. In addition, I understand and agree that if I become employed, my employment relationship with Hospice of Hope is strictly voluntary and at our mutual will. I understand that if employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, with or without cause or reason, at the option of either Hospice of Hope or myself. I understand and agree that any future changes in my title, duties, compensation, working conditions, and/or benefits, policies and procedures will not alter our at-will agreement.

I understand that if offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States on my first day of employment. I also agree to take and understand that an offer of employment is conditional on the satisfactory outcome of a post-offer medical examination. I also understand that employment is conditional on the satisfactory outcome of a criminal records check, including finger printing, pursuant to Ohio Senate Bill 38 and Kentucky [Regulation 906 KAR 1:190](#).

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 Kentucky or Ohio driver's license or submit proof of other means of transportation. I understand that I will be required to provide proof of insurance with state minimum in liability coverage, if offered employment. I also understand that any offer of employment is contingent on my ability to be covered by Hospice of Hopes auto insurance, if required for my position. I understand Hospice of Hope is a drug-free workplace, and my employment is contingent upon submitting to, and a negative result on, a post-offer drug screen.

Hospice of Hope is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law. I understand it is Hospice of Hope policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.

This application is current for six months. At the conclusion of this time, if I have not heard from Hospice of Hope and still wish to be considered for employment, it will be necessary to fill out a new application.

Applicant's
Signature: _____

Date: _____