



## APPLICATION FOR EMPLOYMENT

Dear Applicant:

Thank you for your interest in Valor HospiceCare. Please read our Mission and Value Statements carefully. If you have any questions, in regard to our mission or values, please feel free to discuss them during your interview. Please be sure to read each section of the application and complete it as thoroughly as possible. This will ensure that Valor HospiceCare will have all the information needed to give your application the attention it deserves. Incomplete applications will not be considered.

Before signing the application, be sure that you've read the Conditions of Employment on the last page. It is important that you understand these conditions. If you have any questions, please contact our Human Resources Department.

### Our Valor Mission & Vision

The hospice concept of care is built on an interdisciplinary approach that incorporates the coordinated services of health care professionals and trained volunteers to meet the unique needs of patients facing life-limiting illness and their families.

### Valor's Response to Patient, Family and Community Needs

Valor HospiceCare & The Valor Institute for Palliative Medicine is committed to improving end of life care and expanding access to hospice care in the communities we serve. Our *vision* is to be the premier provider of hospice care in the markets we serve.

As an academic-based organization, our *goal* is to be the recognized experts in hospice and palliative care. We have focused our team and services to create and deliver the following benefits and results:

- Improved patient and family service consistency and reliability
- Increased accuracy of information
- Increased cost savings delivered to health care market
- Increased value to referring doctors and health care providers
- Increased hospice awareness in the community

Tucson Metro Office  
1820E. River Rd., Suite 100  
Tucson, Arizona 85718  
Phone: 520.615.3996  
Pinal County Phone: 520.836.9669

Green Valley Office  
1131 S. La Cañada Dr., Suite 103  
Green Valley, Arizona 85614  
Phone: 520.399.0200

Sierra Vista Office  
1048 E. Fry Blvd., Suite E  
Sierra Vista, Arizona 85635  
Phone: 520.458.9450

Corporate Administration Services  
2990 N. Campbell Ave., Suite 230  
Tucson, Arizona 85719  
Phone: 520.529.2971

[www.valorhospicecare.com](http://www.valorhospicecare.com)



If you answered "Yes" to questions 1-5, please explain (Write the question number then write the explanation):

**EMPLOYMENT HISTORY**

NOTE: List all employment in order starting with your present or most recent employer for the last 10 years. Include military experience if applicable. VALOR HOSPICECARE will confirm dates of employment, positions held, and reasons for leaving prior employers.

**THIS SECTION MUST BE COMPLETE EVEN IF RESUME IS ATTACHED**

Name of Company	Position Held	Start Date (Mo/Yr)	End Date (Mo/Yr)
Address/City/State/Zip		Starting Salary \$	Ending Salary \$
Phone Number	Name of Supervisor	May we contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Description of Responsibilities			
Reason For Leaving			
Name of Company	Position Held	Start Date (Mo/Yr)	End Date (Mo/Yr)
Address/City/State/Zip		Starting Salary \$	Ending Salary \$
Phone Number	Name of Supervisor	May we contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Description of Responsibilities			
Reason For Leaving			

Name of Company	Position Held	Start Date (Mo/Yr)	End Date (Mo/Yr)
Address/City/State/Zip		Starting Salary \$	Ending Salary \$
Phone Number	Name of Supervisor	May we contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Description of Responsibilities			
Reason For Leaving			
Name of Company	Position Held	Start Date (Mo/Yr)	End Date (Mo/Yr)
Address/City/State/Zip		Starting Salary \$	Ending Salary \$
Phone Number	Name of Supervisor	May we contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Description of Responsibilities			
Reason For Leaving			

**REFERENCES**

Please list three additional references that you give permission for us to contact.  
These people should be familiar with your recent work.

Name	Telephone Number	How long Known?	Relationship

**CONDITIONS OF EMPLOYMENT**

As a condition of employment with Valor HospiceCare, and in accordance with the provisions of the Immigration Reform and Control Act of 1986, I understand that if I am employed by Valor HospiceCare I will be required to provide documentation verifying my identity and eligibility to work in the United States within three business days of the date employment begins.

I understand that following the acceptance of an offer of employment, a pre-employment health assessment is required and that refusal to submit to or failure to successfully complete the pre-employment health assessment which includes a Drug Screen and TB Test will disqualify me. I agree to submit to this procedure with the knowledge that the results of this assessment are a determining factor in obtaining employment.

Valor HospiceCare is firmly committed to providing a safe working environment and recognizes its responsibility to seek all measures necessary to ensure the safe and efficient operation of its facilities. Valor HospiceCare, therefore, maintains a drug-free workplace. I further understand that as an employee I will be subject to the Valor HospiceCare Drug, Narcotics and Alcohol Guidelines. As a condition of my employment with Valor HospiceCare I may be required to submit to both for cause and random Drug and Alcohol screenings.

I understand that this employment application and any other documents, including policies, guidelines, procedures, benefits, handbooks and manuals, are not intended to create any contractual obligation which in any way conflicts with the Valor HospiceCare policy that the employment relationship between Valor HospiceCare and each employee is "**at will**". Valor HospiceCare makes no representation that employment with Valor HospiceCare represents lifetime security or a guarantee of continued employment. An individual's employment may be discontinued with or without cause, at the option of the Company when, in its sole judgment, it deems it to be in its best interest, or at the option of the employee. I further understand that any oral or written statements to the contrary are expressly disavowed and should not be relied upon.

Valor HospiceCare reserves the right to make changes to its policies, practices, guidelines, handbooks, manuals, benefits or staffing levels when, in its sole judgment, it deems it necessary or useful to do so.

I authorize all schools which I have attended and all previous employers to furnish my record, reason for leaving, and all information they may have concerning me and I hereby release them and Valor HospiceCare from all liability and any damage whatsoever arising there from. I also authorize investigation of all statements in this application.

I certify that the information I have provided in this application is true and complete to the best of my knowledge, and that no attempt has been made to conceal pertinent facts. I understand that all information is open to investigation by Valor HospiceCare, and that if any such information is found to be false or misleading, this will be grounds for rejection of my employment application, or immediate dismissal if discovered at any time following employment.

I hereby certify that I have read and fully understand this application and conditions given. Prior to signing below, I had the opportunity to ask a Valor HospiceCare representative about any questions I might have concerning this application form.

SIGNATURE OF APPLICANT (unsigned applications are not valid)	DATE
--	------

**PROFESSIONAL REGISTRATION LICENSE AND CERTIFICATION**

TYPE	LICENSE NUMBER	REGISTRATION NUMBER	EXPIRATION DATE	STATE