



Journey for Excellence

Standards of Behavior



Accountability/ Integrity

I will...

- be honest, sincere, and take responsibility for my actions
- give excellent care/service at all times to patients, families, referral sources, and community partners
- follow Hosparus confidentiality and security policies
- demonstrate open communication to build trust
- meet established deadlines or follow-up with appropriate individuals, prior to the deadline, when the time frame cannot be met
- be on time, maintain regular attendance, and be flexible to meet the needs of my department and team

Attitude

I will...

- have a friendly attitude, make eye contact, and respond with sensitivity and understanding
- cultivate an attitude of support and encouragement for my team, department, and organization
- be solutions oriented
- avoid gossip and spreading negativity to others
- give support and encouragement to others
- be flexible, open to change, and maintain a wholesome sense of humor

Communications

I will...

- acknowledge patients and families, introduce myself, explain my purpose, planned duration of visit, and express appreciation as appropriate
- provide clear financial and medical information to patients and families
- make sure patients and their families understand the medical terminology used when providing information
- provide direct, respectful, and accurate information to clients and co-workers
- end each conversation with a recap of visit details and a plan of future visits
- communicate with all appropriate personnel when visiting another facility and document those contacts
- answer all questions directed to me and, when unable, clearly explain what follow-up may be anticipated
- allow each person to make his/her point or express frustration without interruptions, distractions, or taking things personally
- not hesitate to ask questions when in doubt
- wear my ID badge where it is clearly visible
- answer calls from our published lines within 3 rings in a professional manner, e.g., "Hosparus - the community hospice of _____, this is _____, how may I help you"
- check email and voice mail at the beginning and end of each workday
- take responsibility for reviewing all communicated information
- provide timely and accurate documentation

Professionalism

I will...

- respond to referrals or the needs of patients without regard to the time of day or location of the individual
- promote the qualifications of other staff and volunteers
- avoid distracting or disrupting others while they are working
- communicate with my supervisor/team leader when a delay occurs or if I am going to be late
- set priorities and organize my work in a manner that promotes good stewardship
- take responsibility to grow professionally and personally
- dress in a clean and neat manner according to Hosparus policy
- not wear perfumes or cologne
- maintain healthy boundaries

Respect

I will...

- use language that is not demeaning to anyone's heritage, race, creed, gender, age, disability and/or sexual orientation
- demonstrate respect for co-workers by actively listening, avoiding assumptions and premature conclusions
- maintain a healthy balance between work and home life for the benefit of those I serve and myself
- ask permission of patients and families, with regard to touch, time, and space
- be respectful of co-workers and our community partners by asking permission to access resources
- practice the principle of "treating others as you want to be treated" in relationships within the organization and with those we serve
- actively involve others in decisions that impact them



HOSPARUS

Standards Of Behavior

Acknowledgment and Receipt

I have read the Standards of Behavior and acknowledge these are the Standards for which I will be accountable should I accept employment with Hosparus.


Name (Please Print)

Signature

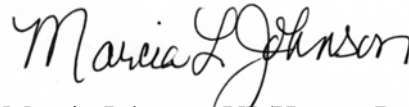
Date

We are committed to provide employees with the appropriate support and resources in order to meet these Standards of Behavior.

Senior Leadership Team



Phil Marshall, President CEO



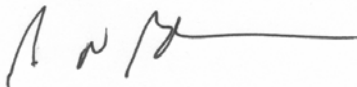
Marcia Johnson, VP/Human Resources



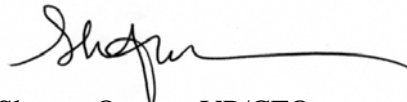
Dr. Joe Rotella, Sr. VP/CMO



Bob Mueller, VP/Development



Gary Bohannon, Sr Dir Marketing & Operations



Sharon Orman, VP/CFO



Pam Hagan, VP/Clinical Services



Mike Wolf, VP/Marketing & Operations

PLEASE RETURN THIS COMPLETED FORM ALONG WITH YOUR APPLICATION FOR EMPLOYMENT TO HUMAN RESOURCES.

EMPLOYMENT APPLICATION

Hosparus Inc.

3532 Ephraim McDowell Drive
Louisville, KY 40205-3224

Hosparus Inc., The Community Hospices of Louisville, Southern Indiana and Central Kentucky is an Equal Opportunity Employer. It is and shall continue to be the policy of Hosparus Inc. that all persons are entitled to equal employment opportunity regardless of race, religion, sex, sexual orientation, national origin, age (over 40) or disability or any other status protected by local, state or federal law. Additionally, it is and shall continue to be our policy to provide promotions and advancement opportunities in a non-discriminatory fashion.

Applicant Information (Please Print All Information)

Date: _____

Name: _____ Soc. Sec. #: _____ - _____ - _____

Address: _____

City/State: _____ County: _____ Zip Code: _____

Telephone: (____) _____ Message #: (____) _____

Do you have a valid driver's license? * _____ State/License #: _____

Have you ever applied to, or worked for Hosparus Inc. before? _____ If yes, when? _____

Do you have any friends or relatives working for Hosparus Inc.?

If yes, state name and relationship: _____

How did you hear about us/this opening? _____

State briefly why you would like to work for Hosparus Inc. _____

Have you ever been convicted of a felony (excluding any sealed or expunged convictions)? _____

(NOTE: No applicant will be denied employment solely on the grounds of a conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

If yes, explain: _____

General Information About Employment Desired

Position you are applying for? _____

Full-time or part-time? _____ If part-time, hours per week desired: _____

Are you available for work on weekends? _____ Are you available to work holidays? _____

Days of week you are available to work: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Hours you are available to work: _____ Are you available to be on-call? _____

Are you available to work nights? * _____ Are you available to work overtime? _____

If hired, on what date could you start work? _____ Are you able to travel on company business? * _____

% time willing to travel: _____ Hourly rate of pay or monthly salary desired: _____

*if required for the position you are seeking

Education and Training (include on-the-job training):

	<u>School/Location</u>	<u>Course of Study</u>	<u>Degree/Certification</u>	<u>Dates Attended</u>
High School				
Community College				
Trade School				
College/University				
Seminars/Other				

Special Skills

Do you speak, write or understand any foreign languages? _____

If yes, which language(s)? _____

Do you have any experience, training, qualifications or skills which you feel make you especially suited for work at Hosparus Inc.? _____ If so, explain in detail below:

Professional Society Memberships: _____

License (Please indicate type) _____ Expiration Date: _____

CNA Certification Expiration Date: _____

Computer skills	Dates Used	Level of proficiency
Hardware:		
_____	_____	_____
_____	_____	_____
_____	_____	_____
Software:		
_____	_____	_____
_____	_____	_____
_____	_____	_____

Use the space below to summarize other relevant experience, skills and background:

Employment History

List all previous employers starting with your present or most recent position below.

Name of Company: _____
Name of Supervisor: _____
Address: _____
Street City State Zip Code
Telephone Number: (____) _____
Position and Duties: _____

Dates of Employment: _____
Starting Rate of Pay: _____ Ending Rate of Pay: _____
Reason for Leaving: _____

Name of Company: _____
Name of Supervisor: _____
Address: _____
Street City State Zip Code
Telephone Number: (____) _____
Position and Duties: _____

Dates of Employment: _____
Starting Rate of Pay: _____ Ending Rate of Pay: _____
Reason for Leaving: _____

Name of Company: _____
Name of Supervisor: _____
Address: _____
Street City State Zip Code
Telephone Number: (____) _____
Position and Duties: _____

Dates of Employment: _____
Starting Rate of Pay: _____ Ending Rate of Pay: _____
Reason for Leaving: _____

Name of Company: _____
Name of Supervisor: _____
Address: _____
Street City State Zip Code
Telephone Number: (____) _____
Position and Duties: _____

Dates of Employment: _____
Starting Rate of Pay: _____ Ending Rate of Pay: _____
Reason for Leaving: _____

Please Read and Initial Each Paragraph Below (if there is any part of this page you do not understand, please ask the interviewer about it before signing).

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

_____ I understand that if offered employment, the offer may be contingent on my passing an alcohol and drug screening test. By signing this application, I voluntarily agree to submit to an alcohol/drug screen and health screening. I understand that failure to pass the alcohol/drug screen and/or health screening will result in withdrawal of the employment offer.

_____ If hired, I also agree to submit to alcohol or drug testing as a condition of employment. I agree that Hosparus Inc. may conduct alcohol or drug screening at its sole discretion with or without notice. I also understand that refusal to submit to an alcohol/drug screen will be considered a voluntary resignation of employment.

_____ I understand that nothing contained in the application or conveyed to me during any interview which may be granted is intended to create an employment contract, implied or explicit, between Hosparus Inc and me. In addition, I understand and agree that if I am employed, my employment relationship with Hosparus Inc. is strictly voluntary and at our mutual will. I understand that, if employed, my employment is for no definite period and may be terminated at any time, with or without prior notice, with or without cause or reason, at the option of either myself or Hosparus Inc., and that no promises or representations contrary to the foregoing are binding on Hosparus Inc. unless made in writing and signed jointly by the President/CEO and myself.

_____ I understand and agree that any future changes in my title, duties, compensation, working conditions, and/or Hosparus Inc. benefits, policies and procedures will not alter our at-will and arbitration agreements.

_____ 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.

_____ 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 _____ (name of state) driver's license and understand that I will be required to provide proof of insurance. I also understand that any offer of employment is contingent on my ability to be covered by the liability insurance of Hosparus Inc., if required for my position.

_____ 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, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement on this application or on any documents 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.

My signature below certifies that I have read and understand this complete page, and agree to the terms and conditions outlined in this document.

Applicant's Signature

Date