

# APPLICATION FOR EMPLOYMENT

(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

## PERSONAL INFORMATION

Name \_\_\_\_\_ Date \_\_\_\_\_

Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Permanent Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_

(Name)

(Address)

(Phone)

Are you 18 years or older? Yes  No  Are you lawfully entitled to be employed in the United States? Yes  No

Have you ever been convicted of a felony, DUI, or violent crime? Yes  No

If yes, please provide details: \_\_\_\_\_

## EMPLOYMENT DESIRED

Position \_\_\_\_\_ Date you can start \_\_\_\_\_ Salary desired \_\_\_\_\_ Type of Employment:  Full-time  Part-time

Please list any hours or days you cannot work? \_\_\_\_\_

Have you ever applied to this company before? Yes  No  Where? \_\_\_\_\_ When? \_\_\_\_\_

Where did you hear about this position:  Newspaper  Hospice Employee  Website  Other

## EDUCATION

Circle highest grade completed:

High School: 1 2 3 4 GED College: 1 2 3 4 Master's PhD Business/Trade: 1 2 3

School (Trade/College)	City/State	Major	Did You Graduate?	Degree/Certificate

License # (LPN, RN, SW, NP, NASR, Pharmacist) \_\_\_\_\_

## GENERAL

Additional information such as special skills training, management experience, or qualifications: \_\_\_\_\_

Do you have any experience with terminally ill and/or bereaved persons? (If yes, please briefly describe) \_\_\_\_\_

Professional Organizations: \_\_\_\_\_

U.S. Military: \_\_\_\_\_ Rank: \_\_\_\_\_ Present Membership in National Guard or Reserves \_\_\_\_\_

**THIS COMPANY IS AT WILL, AND AN EQUAL OPPORTUNITY EMPLOYER**

**FORMER EMPLOYERS**

List below your former employers, starting with most recent:

Check here if resume attached

Month & Year	Name of Employer, Address & Phone #	Starting/Ending Salary	Last Position Held	Reason for leaving	May we contact this employer
From:					Yes <input type="checkbox"/> No <input type="checkbox"/>
To:					
From:					Yes <input type="checkbox"/> No <input type="checkbox"/>
To:					
From:					Yes <input type="checkbox"/> No <input type="checkbox"/>
To:					
From:					Yes <input type="checkbox"/> No <input type="checkbox"/>
To:					
From:					Yes <input type="checkbox"/> No <input type="checkbox"/>
To:					

**REFERENCES:**

Give the names of three persons not related to you, whom you have known at least one year:

Name	Mailing Address/ Phone	Relationship	Years
1.			
2.			
3.			

Please read the following statement carefully before signing to indicate your understanding:

I understand that if I receive a conditional job offer, prior to beginning employment I may be requested to undergo a pre-employment medical examination, a drug test or both. I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed falsified statements on this application may result in termination. I understand and agree that if hired my employment is **AT-WILL. THIS MEANS THAT IF HIRED EITHER THE COMPANY OR I CAN END THE EMPLOYMENT RELATIONSHIP AT ANYTIME AND FOR ANY OR NO REASON.** I authorize investigation of all statements contained in this application for any employment-related purpose. I release the listed references and all employers to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give to you, including but not limited to any defamation claims I may now have or will have against them. I understand I am to maintain all licenses and certifications in good standing and will inform Hospice of any investigations or actions regarding my licenses and certifications.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_